

Name
in
Full

CERTIFICATE OF DEATH

L. Harry Anthony, Jr.

Died at *Leesfork* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death 190 *9* ^{Month} *Aug.* ^{Day} *14* Age *1* ^{Years} *6* ^{Months} *23* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Child* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *L. H. Anthony*

Father's Birthplace *Ind.*

Mother's Maiden Name *Margaret A. Martin*

Mother's Birthplace *Ind.*

Name of person giving Information *L. Harry Anthony*

How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera & Lymphaticum* How long *few days*

Immediate *Exhaustion* How long " "

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. C. R. Miller*

Address *Mason - Dixon, Pa.*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A.K. Coffman Roswell

Name
in
Full

George K Baer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Paridice Town Washington County MARYLAND

Date of death 1909 Month Aug Day 16 Age 1 Years 1 Months 1 Days 4

Sex ♂ Color or Race W Birth-place Paridice

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameHenry M BaerFather's
BirthplaceWash CourtMother's
Maiden NameElla E KeenerMother's
BirthplaceW CourtName of person giving
InformationHenry M BaerHow related
to deceasedfather

CAUSES OF DEATH

Primary

Malnutrition

How long

1791 yr

Immediate

Exhaustion

How long

2 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianA D Haffer

Address

Hagerstown
Md

Accident or Suicide?

A. R. Brewster

Name
in
Full

Clarence Lee Eldridge Bailey

CERTIFICATE OF DEATH

Disd at *Hagerstown*

Wash

MARYLAND

Date of death 1909 *aug* *16*

Age *—*

Months *3* Days *—*

Sex *male*

Color or Race *white*

Birth-place *md.*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *single*

Name of Wife or Husband *—*

Father's Name *Clarence L. E. Bailey*

Father's Birthplace *W. Va*

Mother's Maiden Name *Ethel Wolfinger*

Mother's Birthplace *md.*

Name of person giving Information *Clarence Bailey*

How related to deceased *father.*

CAUSES OF DEATH

Primary *Inability to digest & assimilate food*
Exhaustion

How long *179* *4 weeks*
4 weeks

Immediate *Yes*

Signature of Physician *Dr. Hagaman*

Address *Hagerstown, Md*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

C. M. Butler & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Alfred V. Barr*

Town *Keagertown* **County** *Wash.*

State *MARYLAND*

Date of death *1909 Aug. 6* **Age** *86* **Months** *7* **Days** *9*

Sex *male* **Color or Race** *white* **Birth-place** *md.*

Occupation *Retired Farmer* **Where Residing if not at place of death**

Married, Single or Widowed *widower* **Name of Wife** *Elizabeth Barr*

Father's Name *David Barr* **Father's Birthplace** *md*

Mother's Maiden Name *Christine Maatz* **Mother's Birthplace** *"*

Name of person giving Information *E. Jeannette Barr* **How related to deceased** *daughter.*

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *Chronic* **How long** *?*

Immediate *acute dysentery* **How long** *acute dysentery*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William Shiller*

Address *Keagertown md*

Accident or Suicide *no*

L.M. Suter Bons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George H Bovey* Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 190 *9* Aug *20* Day *20* Age *56* Years *4* Months *6* Days
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *Retired Farmer* Where Residing if not at place of death *Ind*
Married, Single or Widowed *Married* Name of Wife or Husband *Ella N Frank*
Father's Name *Henry Bovey* Father's Birthplace *Ind*
Mother's Maiden Name *Maria Martini* Mother's Birthplace *Ind*
Name of person giving Information *Ella N Bovey* How related to deceased *Wife*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *24 hours*
Immediate *Coma* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. A. Laughlin
Hagerstown

Accident or Suicide

Sageville
Rose Hill

A.K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Madalini Brogninis
 Town *Lagerstown* County *Washington* **MARYLAND**
 Died at
 Date of death 190 *8* Month *8* Day *8* Age *21* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *MD*
 Occupation _____ Where Residing if not at place of death _____

Married, Single
~~or Widowed~~

Name of Wife or
 Husband

Father's
 Name

Father's
 Birthplace

Mother's
 Maiden Name

Mother's
 Birthplace

Name of person giving
 Information

How related
 to deceased

CAUSES OF DEATH

104

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
 and place correctly given above?

yes

Signature of
 Physician

Address

Accident or Suicide

L.M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mildred Brogumie

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 190 *9* Month *8* Day *26* Age *86* Years Months *5* Days *17*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Upton Brogumie*

Father's Name *David Harris* Father's Birthplace *don't know*

Mother's Maiden Name *Mary Trave* Mother's Birthplace *" "*

Name of person giving Information *Daniel Brogumie* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *3 days*

Immediate *Heart-failure* How long *36 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. H. Den-*

Address *Hagerstown Md.*

Accident or Suicide *—*

154

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Arthur Caldwell		Town near Williamsport		County Wash		MARYLAND	
Died at near Williamsport		Month Aug		Day 20		Years 30	
Date of death 1909 Aug 20		Month 10		Days 29			
Sex male		Color or Race white		Birth-place Penna.			
Occupation Foreman R.R.		Where Residing if not at place of death Chambersburg, Pa.					
Married, Single or Widowed married		Name of Wife or Husband Mrs Clara Caldwell					
Father's Name John W. Caldwell		Father's Birthplace Ohio					
Mother's Maiden Name Ida F. Flack		Mother's Birthplace Penna					
Name of person giving Information John W. Caldwell		How related to deceased father					

CAUSES OF DEATH

172

How long

Primary

Drowning

Immediate

Drowning

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Ernest Hoffman

Address

Justice of the Peace
Hagerstown, Maryland
retired engineer

Accident or Suicide

Accident

PHYSICIAN
OR CORONER

Chambersburg
Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND					
Date of death 190 <i>9</i>		Month <i>Aug</i>		Day <i>6</i>		Age <i>34</i>		Months <i>—</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>							
Occupation <i>House work</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daniel S Chesley</i>									
Father's Name <i>Samuel Erb</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Ellen C. Seitz</i>		Mother's Birthplace <i>Md</i>									
Name of person giving Information <i>Daniel S Chesley</i>		How related to deceased <i>Husband</i>									

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>18 months</i>	
Immediate <i>Exhaustion</i>		How long <i>1 wk.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>F. M. Hoffmeier</i>	
		Address <i>17 Washington St. Hagerstown Md.</i>	
Accident or Suicide			

6072

Westernster

A. K. Hoffman

Name
in
Full

Sarah Risba Colbert -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sharpsburg ^{Town} Washington ^{County} MARYLAND
Date of death 1909 ^{Month} 8 ^{Day} 18 Age — ^{Years} — ^{Months} 3 ^{Days} —
Sex Female Color or Race White Birth-place Sharpsburg
Occupation None Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
Father's Name Benjamin Colbert Father's Birthplace Sharpsburg
Mother's Maiden Name Annia C. Gray Mother's Birthplace Antietam Md.
Name of person giving Information Annia Colbert How related to deceased Mother

CAUSES OF DEATH

105

Primary Cholera Infantum ^{How long} One day
Immediate — ^{How long} —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. M. Guntt
Sharpsburg Md.

Accident or Suicide

H E Suman Hor

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cuma, Cass.

Died at *near Hagerstown* *Washington* County MARYLANDDate of death 1909 *8* Month *5* Day *+* Age *+* Years *1* Months *26* DaysSex *Female* Color or Race *White* Birth-place *near Hagerstown*Occupation *None* Where Residing if not at place of death *near Hagerstown*~~Married~~, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Cuma, Cass* Father's Birthplace *near Lutesburg*Mother's Maiden Name *Etta, R. Reynolds* Mother's Birthplace *Lutesburg*Name of person giving Information *Cuma, Cass* How related to deceased *Father*

CAUSES OF DEATH

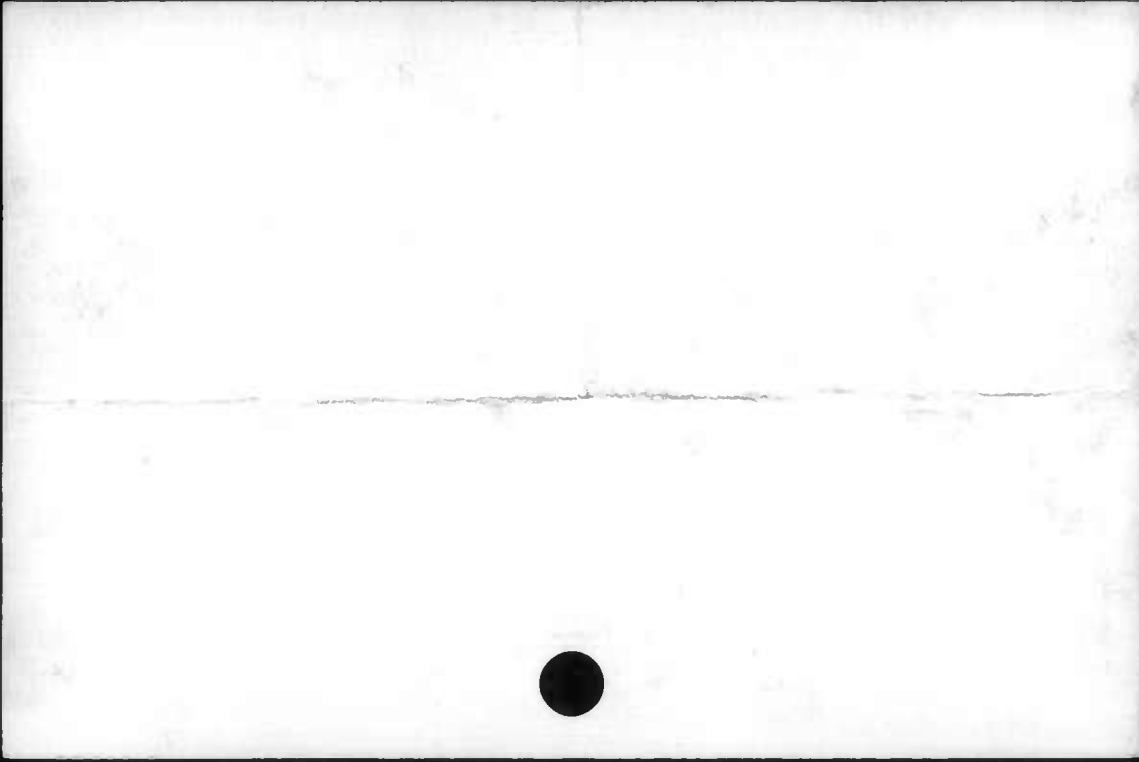
101

Primary *Retro Pharyngeal Abscess* How long *5 days*Immediata *Ephraim* How long *few hrs*Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *A. D. Stupper*

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Joseph Seal Howard Crispen
Town County

MARYLAND

Died at Williamsport
Month Day

Washington
Years Months Days

Date of death 190 9 aug.

Age 2

6 6

Sex Male

Color or Race Colored

Birth-place Williamsport

Occupation

Where Residing if not at place of death

Married, Single or Widowed single

Name of Wife or Husband

Father's Name Samuel Crispen

Father's Birthplace Pocomoke City

Mother's Maiden Name Ella Green

Mother's Birthplace Williamsport

Name of person giving Information Mary H. Green

How related to deceased Grand mother

CAUSES OF DEATH

179

Primary Waisting away of flesh. Known by old people and called
Immediate Cause

How long from Birth

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician J. C. Hershberger.

Address Sub Registrar Local Board of health.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH					
Hermita Dellinger		Clear Spring		Washington		MARYLAND					
Died at		Month		Day		Years		Months		Days	
Date of death		1909		Aug		8		Age		70	
Sex		Female		Color or Race		White		Birthplace		Clear Spring	
Occupation		Housewife		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband									
Father's Name		Wm Dellinger						Father's Birthplace		Md	
Mother's Maiden Name		Mary Snyder						Mother's Birthplace		"	
Name of person giving Information		Mertie Knepper						How related to deceased		Niece	
CAUSES OF DEATH											
Primary		Typhoid fever						How long		Three weeks	
Immediate		Exhaustion						How long		Five days	
Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		Abraham Shank	
								Address		Clearspring Washington Co	
Physician or Coroner											



Name
in
Full

C. C. Dennis' Daughter

CERTIFICATE OF DEATH

Died at Clear Spring ^{Town} Washington ^{County} MARYLAND

Date of death 190 9 ^{Month} 8 ^{Day} 31 ^{Years} Age Months Days 5

Sex Female Color or Race white Birth-place Clear Spring

Occupation Where Residing if not at place of death Clear Spring

Married, Single Name of Wife or Husband

Father's Name C. C. Dennis Father's Birthplace Md

Mother's Maiden Name Lelia Gossard Mother's Birthplace Md

Name of person giving information C. C. Dennis How related to deceased Father

CAUSES OF DEATH

Primary Mania How long 5 days

Immediate How long 5 days

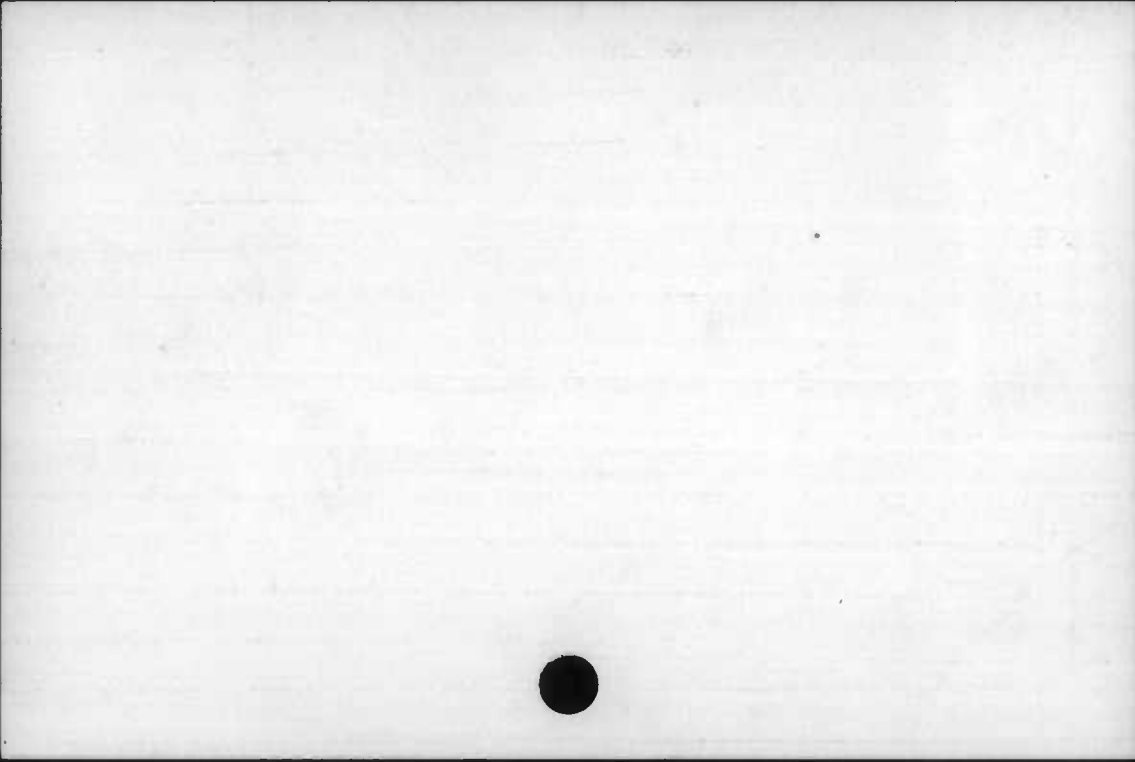
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. P. Perry

Address Clear Spring

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Parkhead

County

Baltimore

Date

of death

1909 Aug 24

Day

Age

Years

34

Month

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Hanock

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Abram Ditto

Father's
Birthplace

Ind

Mother's
Maiden Name

Lizzie Oliver

Mother's
Birthplace

Ind

Name of person giving
Information

Mrs Ditto

How related
to deceased

Mother

CAUSES OF DEATH

172

Primary

Epilepsy - Fell in puddle of water in fit

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

C. J. Mason

Address

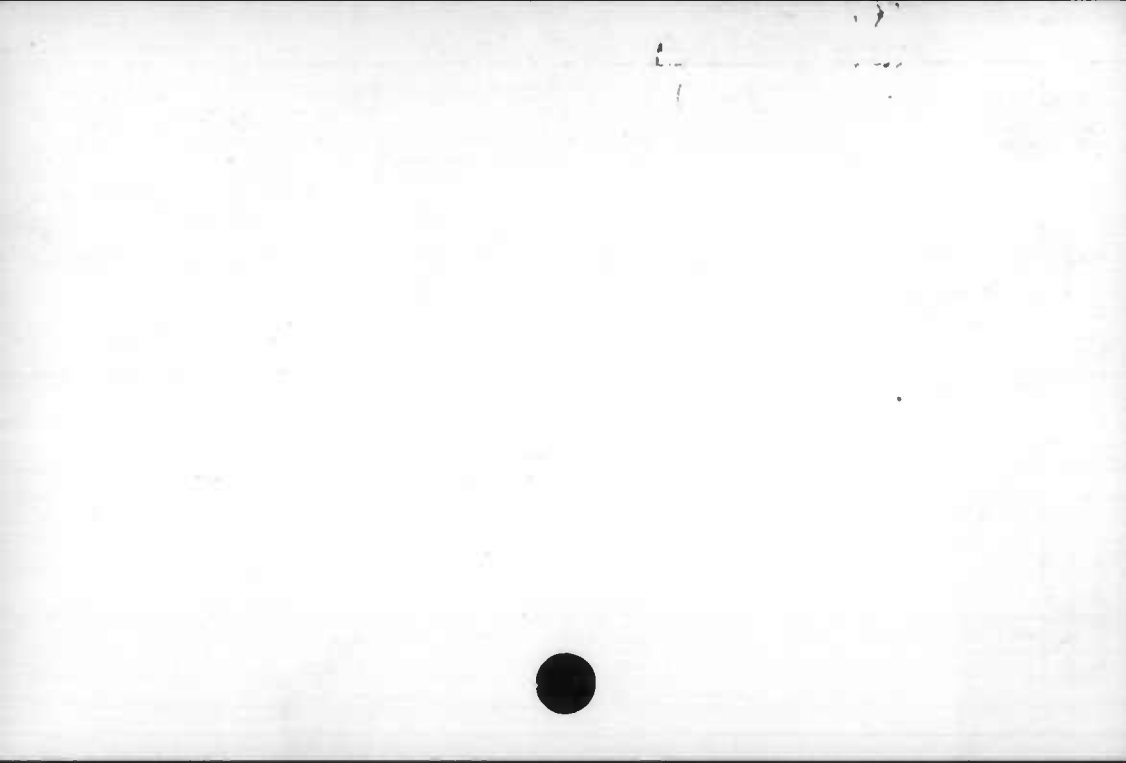
Chespring

Accident or Suicide

Accident

ms

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

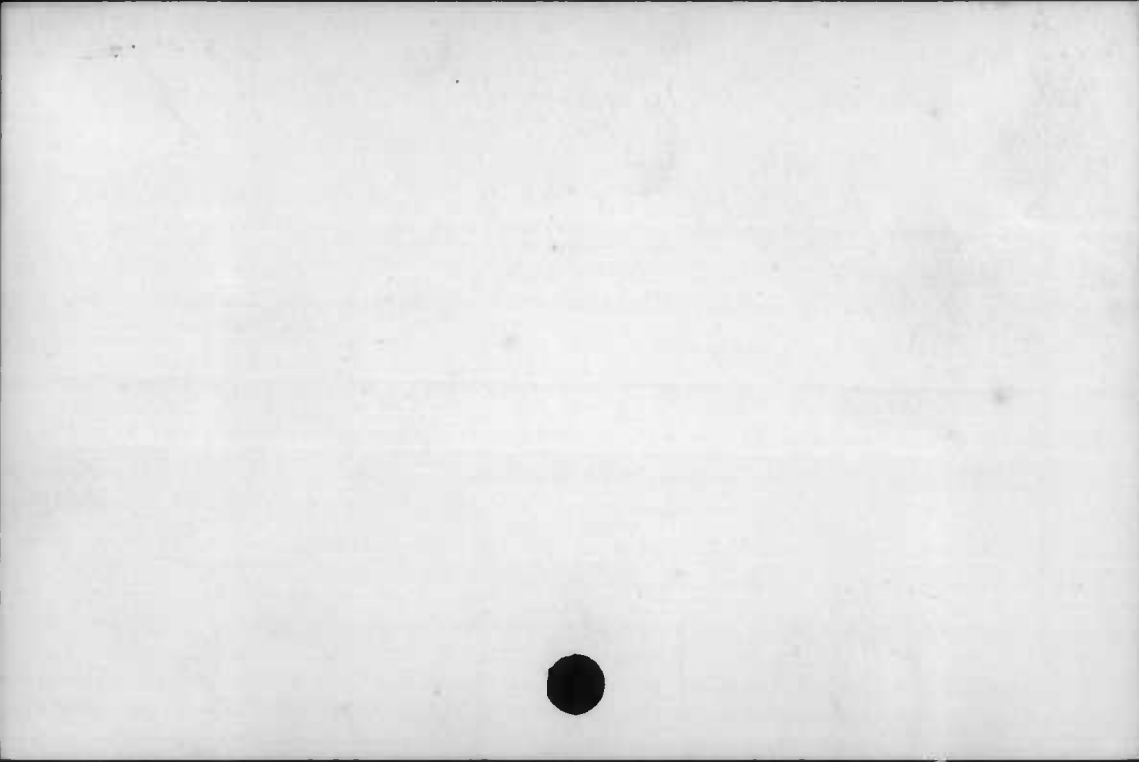
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth May Dobbin</i>		Town <i>Pen Mar</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Pen Mar</i>		Month <i>Aug</i>		Day <i>27</i>		Years <i>18</i>	
Date of death <i>1909 Aug 27</i>		Months <i>10</i>		Days <i>23</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Occupation <i>Home</i>		Where Residing if not at place of death <i>New York</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John J. Dobbin</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary Ann Brooks</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>John J. Dobbin</i>		How related to deceased <i>Brother.</i>					
CAUSES OF DEATH				27			

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>one year</i>	
Immediate <i>General Exhaustion</i>		How long <i>one month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry B. Shuman</i>	
		Address <i>Blue Ridge Summit Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Ellen Draper* Town *Blains Valley* County *Wash*
 Disd at *Blains Valley* *Wash* MARYLAND
 Date of death 190 *9* Aug *20* Age *—* Months *1* Days *5*
 Sex *Female* Color or Race *White* Birth-place *Ind*
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFether's
BirthplaceMother's
Melden NameMothar's
BirthplaceName of parson giving
InformationHow related
to deceased

CAUSES OF DEATH

105

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mc Coy's Ferry* *Trask* County

Date of death 1909 Aug 2 Age 4 Months 20 Days

Sex *Male* Color or Race *White* Birth-place *Mc Coy's Ferry*

Occupation *.* Where Residing if not at place of death

Married, Single or Widowed *X* Name of Wife or Husband

Father's Name *Amos Eberts* Father's Birthplace *Pa*

Mother's Maiden Name *Ida Armstrong* Mother's Birthplace *Pa*

Name of person giving Information *Amos Eberts* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *12 hours*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. P. Perry
Chesapeake
land

Accident or Suicida



Name in Full *Twice*

Lehman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
Date of death 190 <i>9</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Waco, Tex. U.S.A.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Arace Schluessler</i>			Father's Birthplace <i>Waco</i>		
Mother's Maiden Name <i>Cora Grove</i>			Mother's Birthplace <i>Tex</i>		
Name of person giving Information <i>Fannie G. Housh</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia BIRTH</i>	How long <i>8</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. R. Miller M.D.</i>
	Address <i>Waco, Tex. U.S.A.</i>
Accident or Suicide <i>—</i>	<i>Pa.</i>

A. R. Brewbaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *William* *Eckelman* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 1909 *Aug* 17 Age *0* Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Md. U.S.A.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Arnold Eckelman* Father's Birthplace *Md.*

Mother's Maiden Name *Cora Geore* Mother's Birthplace *Pa*

Name of person giving Information *Jennie G. Horst* How related to deceased *Mom*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Premature Birth*How long *8*Immediate *—*How long *—*Are the name, age, sex, color, date and place correctly given above? *2/10*Signature of Physician *D. P. Williams, M.D.*Address *Washington D.C.*Accident or Suicide *—*

A. R. Brewbaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clifford W. Everly* Town *Hayestown* County *Washington* MARYLAND
Died at *Hayestown*
Date of death 1909 *Aug* 18 *18* Age *—* Months *2* Days *18*
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Charles E. Everly* Father's Birthplace *Md*
Mother's Maiden Name *Margaret E. Miller* Mother's Birthplace *Md*
Name of person giving Information *Charles Everly* How related to deceased *Father*

CAUSES OF DEATH

Primary *Marasmus.* How long *151* *2 minutes*
Immediate *Exhaustion.* How long " "

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John D. Miller, Jr.*
Address *Hay - Md.*

Accident or Suicide *No*

PHYSICIAN
OR CORONER

Coffman
Rose Hill

R. K. Coffman

Name
in
Full

Sarah R. Eversole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Washington County MARYLAND

Date of death 1909 Month 8 Day 10 Age 1 Years 6 Months 6 Days 6

Sex Female Color or Race White Birth-place MD

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
~~or Widowed~~

Name of Wife or
Husband _____

Father's
Name

Charles R. Eversole

Father's
Birthplace

W. D.

Mother's
Maiden Name

Mary M. Davis

Mother's
Birthplace

W. D.

Name of person giving
Information

Charles R. Eversole

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Mes. Colitis

How long

Several

Immediate

Exhaustion by Toxaemia

How long

Four hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. M. Wooty
Hagerstown

Address

Accident or Suicide

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>8</i>		Day <i>3</i>		Age <i>5-0</i>		Months <i>3</i> Days <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>					
Occupation <i>Painter</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Adams</i>							
Father's Name <i>Henry J. Favorite</i>		Father's Birthplace <i>don't know</i>							
Mother's Maiden Name <i>Margaret E. Favorite</i>		Mother's Birthplace <i>" "</i>							
Name of person giving Information <i>Edward J. Favorite</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis - asthma</i>	How long	<i>79</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor Mueller Jr.</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide <i>No</i>			

H. C. Grotton

S. M. Watkins

Name
in
Full

Samuel

Hampden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cosecunde		County Washington		MARYLAND	
Date of death		Month Aug	Day 19	Age		Months 9	Days 15
Sex Male		Color or Race White		Birth- place Cosecunde			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		W A F Langston				Father's Birthplace Washington Co. Md.	
Mother's Maiden Name		Minnie K. Frazier				Mother's Birthplace Frederick Co.,	
Name of person giving Information		J. F. Frazier				How related to deceased Grandfather	

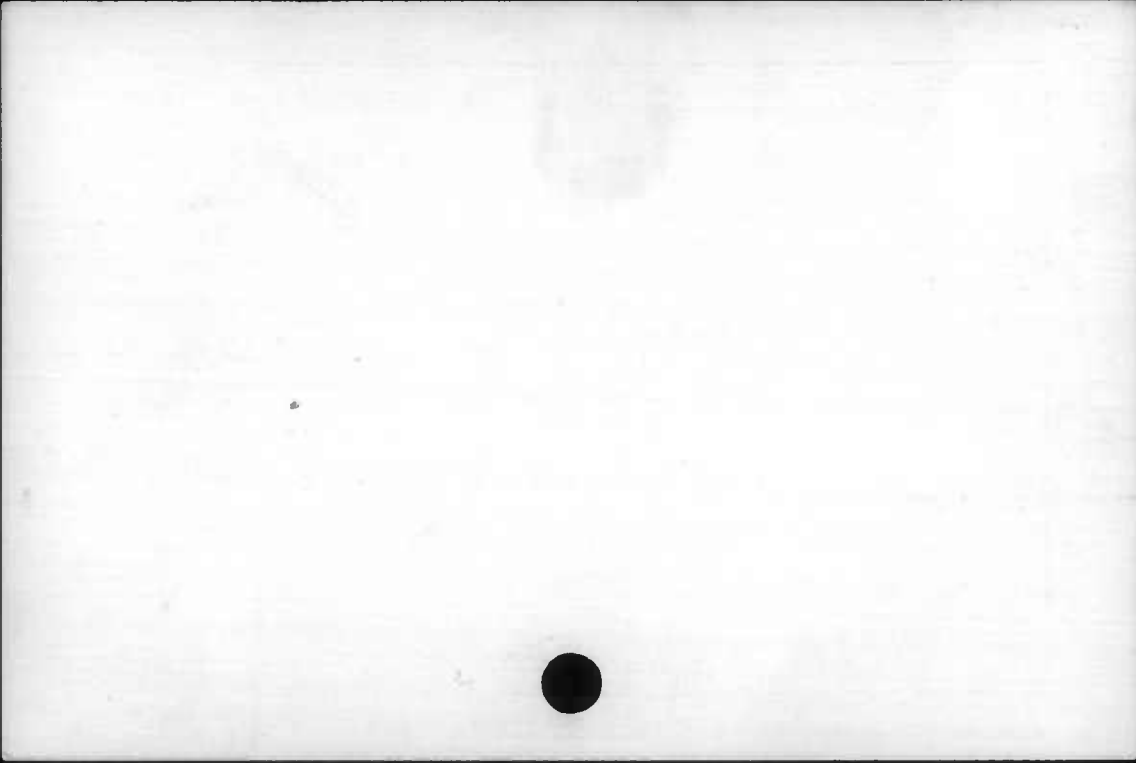
CAUSES OF DEATH

105

X

Primary	Cholera Infantum	How long	36 hours
Immediate	Edema of Brain	How long	18 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		G. L. Wachtel M.D.	
Accident or Suicide		Address Sabrillasville Md.	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		George Phummas Flood		Town		Boonsboro		County		Washington		MARYLAND	
Died at		Date of death		Month		Day		Years		Months		Days	
190		9 Aug.		4		Age		White		Birth-place		Maryland	
Sex		Male		Color or Race		White		Where Residing if not at place of death		—		—	
Occupation		None		Name of Wife or Husband		—		Father's Birthplace		Maryland		Mother's Birthplace	
Married, Single or Widowed		Single		Name of Wife or Husband		—		Mother's Birthplace		Maryland		How related to deceased	
Fethar's Name		Elmer S. Flood		Name of Wife or Husband		—		Mother's Birthplace		Maryland		How related to deceased	
Mother's Maiden Name		Addie Haupt		Name of Wife or Husband		—		Mother's Birthplace		Maryland		How related to deceased	
Name of person giving Information		Elmer S. Flood		Name of Wife or Husband		—		Mother's Birthplace		Maryland		How related to deceased	

CAUSES OF DEATH

Primary		Malnutrition		How long		1 week,	
Immediate		Exhaustion		How long		Sudden,	
Are the name, age, sex, color, date and place correctly given above?		yes,		Signature of Physician		J. Herbert M. M.D.	
Accident or Suicide		No		Address		Boonsboro, Md.	

PHYSICIAN
OR CORONER

Brining & Bast
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Poutz
Town *Clear Spring* County *Washington*
Died at *Clear Spring* *Washington*
Date of death 1909 *8* Month *9* Day *81* Age
Sex *Female* Color or Race *White* Birth-place *Maryland*
Occupation *Housework* Where Residing if not at place of death *Clear Spring*
~~Married~~ *Single* Name of Wife or Husband *Marion Poutz*
~~or Widowed~~
Father's Name *Washington McAllister* Father's Birthplace *Ireland*
Mother's Maiden Name *Martha Walgamot* Mother's Birthplace *Ireland*
Name of parson giving Information *Mrs Alice Deeds* How related to deceased *None*

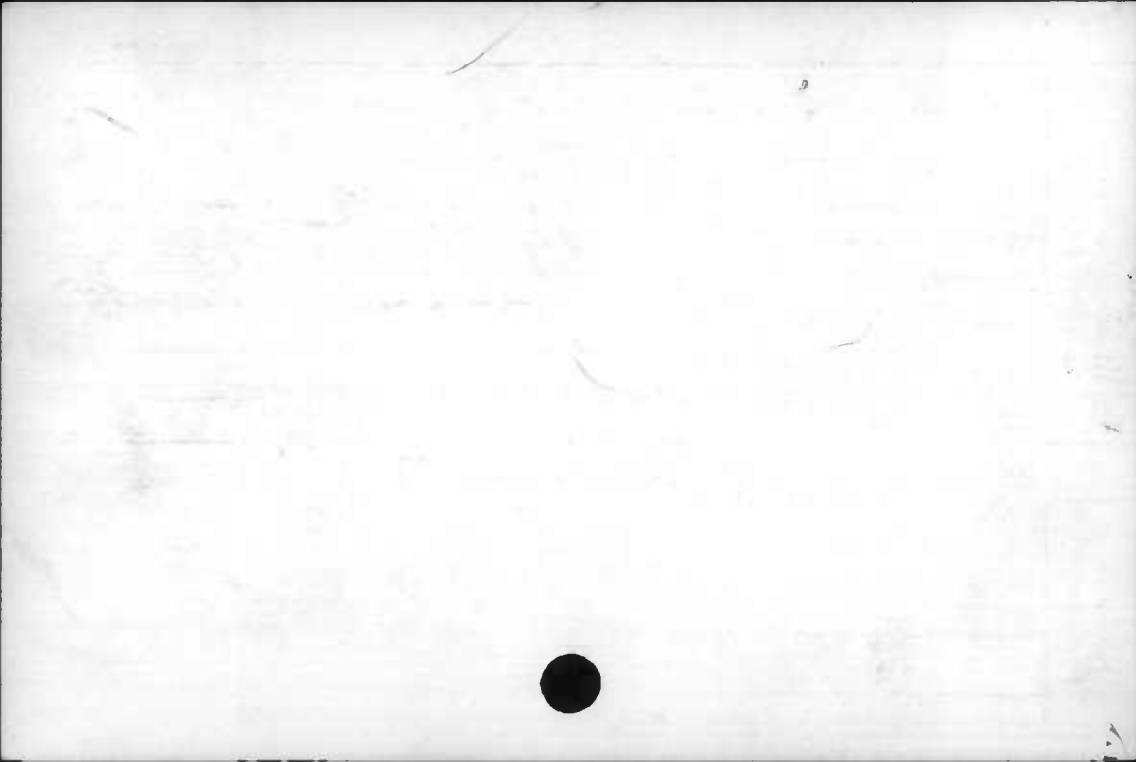
CAUSES OF DEATH

Primary *Senility* *154* How long *6 mos*
Immediate *exhaustion* How long

Are the name, age, sex, color, date and place correctly given above *Yes*Signature of Physician *Geo. Boase*Address *Clear Spring, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>C C Frush</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Maryannett Loudermilk</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>C C Frush</i>	How related to deceased <i>Father</i>				

179

Primary	Marasmus	How long	5 weeks
Immediate	Exhaustion	How long	60 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	H. H. H. H. H.
yes		Address	Hagerstown, Md.
Accident or Suicide			

A. K. Coffman
Rose Hill

A. K. Coffman

2

Name
in Full

CERTIFICATE OF DEATH

Charles F. Frank Jr.
Town Washington County

MARYLAND

Died at Hagerstown Washington

Date of death 1909 Aug 12 Age 5 Months 13 Days

Sex Male Color or Race White Birthplace Md

Occupation Child Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles F. Frank Father's Birthplace Md

Mother's Maiden Name Mary E. Waggaman Mother's Birthplace Md

Name of person giving Information Charles F. Frank How related to deceased Father

CAUSES OF DEATH

Primary True Cholera Infantum How long 24 hrs.

Immediate Central Convulsions How long 2 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. Waggaman, Address Hagerstown, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. K. Coffman

Name
in
Full

Mitchell Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Highfield County Washington **MARYLAND**

Died at Highfield Washington

Date of death 1909 Aug. Month 6th Day 6 Years 6 Months — Days —

Sex Male Color or Race Black. Birth-place Balt.

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HuabandFather's
Name

?

Father's
Birthplace

?

Mother's
Maiden Name

?

Mother's
Birthplace

?

Name of person giving
information

Supt. Hosp. Crippled Child

How related
to deceased

None

CAUSES OF DEATH

27

Primary

Tuberculosis of Hip.

How long

2 yrs.

Immediate

Miliary Tuberculosis

How long

?

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

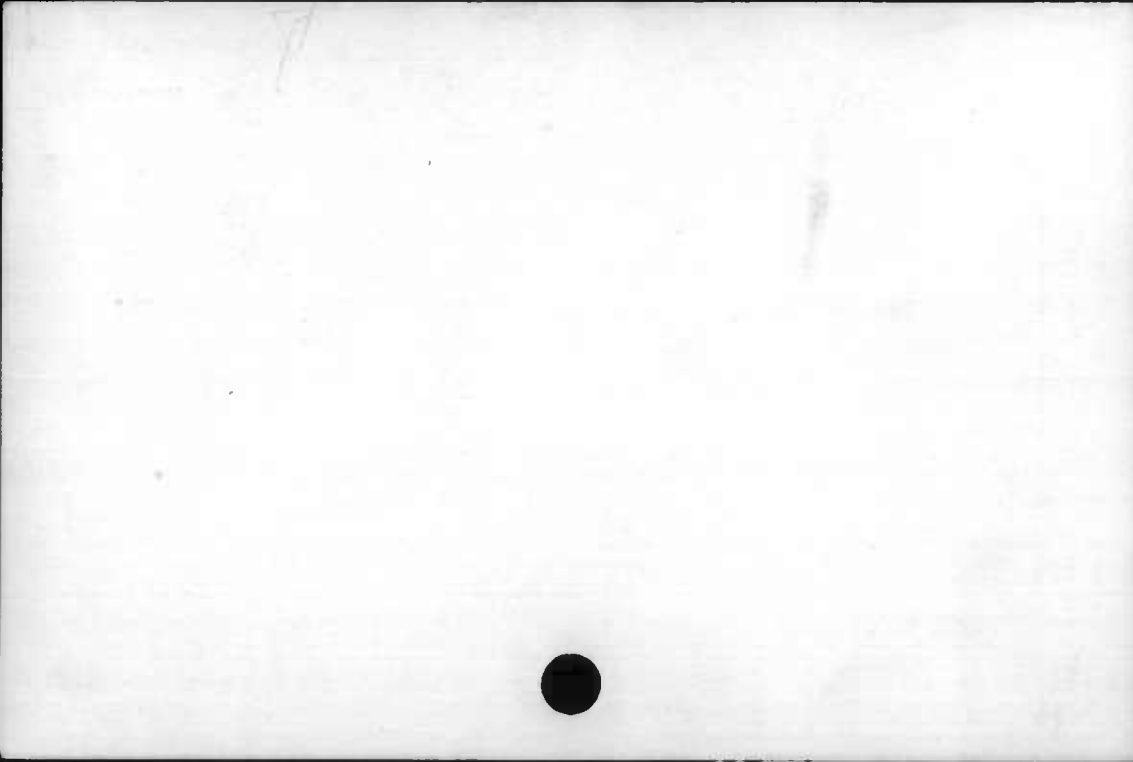
R. L. Taylor

Address

Blue Ridge Summit
Pa.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Name *Lizzie Jane Ground*
 Died at *Bridgeport* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death 190*9* ^{Month} *10* ^{Day} *2* Age *39* ^{Years} *2* ^{Months} *5* ^{Days} *5*
 Sex *Female* Color or Race *White* Birth-place *Md.*
 Occupation *Housework* Where Residing if not at place of death *Ground*
 Married, Single or Widowed *Single* Name of Wife or Husband *Robert Ground*
 Father's Name *William H. Rohrer* Father's Birthplace *Md.*
 Mother's Maiden Name *Marietta Funk* Mother's Birthplace *"*
 Name of person giving Information *William Rohrer* How related to deceased *Father*

CAUSES OF DEATH

Primary *Bright's Disease*
 Immediate *Exhaustion*

How long *120*

How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. P. Hauffer
Hagerstown, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Cypress
Rose Hill

H.K. Coffman

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Harry
 Town Hagerstown County Washington

MARYLAND

Died at Hagerstown Washington
 Date of death 1909 Month Aug Day 20 Age 84 Years Months — Days —

Sex Male Color or Race White Birth-place MD

Occupation Merchant Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George C Harry

Father's Birthplace MD

Mother's Maiden Name Susan Bell

Mother's Birthplace MD

Name of person giving Information Mrs L. D. Syester

How related to deceased Niece

CAUSES OF DEATH

Primary Senility - Asthenia

How long 3 yrs

Immediate hx laudanum

How long 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

D. C. Welch
Hagerstown

Accident or Suicide

PHYSICIAN
OR CORNER

Leopoldine
Apostrophe Maynard
Florentine

A.K. Coffman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Francis Amelia Hart*
 Town *Big Pool* County *Wash*
 Died at *Big Pool*
 Date of death 190 *9* Month *Aug* Day *6* Age *47* Years Months *11* Days *29*
 Sex *Female* Color or Race *White* Birth-place *Pa*
 Occupation *Housewife* Where Residing if not at place of death
 Merriad, Single or Widowed *Widowed* Name of Wife or Husband *Joseph Hart*
 Father's Name *Adam T. Keifer* Father's Birthplace *Pa*
 Mother's Maiden Name *Miss Cassidy* Mother's Birthplace *Ind*
 Name of person giving Information *Jos Hart* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Acute Meningitis* How long *5 days*
 Immediate *Collapse* How long *Less 12 hrs*

Are the name, age, sex, color, date and place correctly given above?

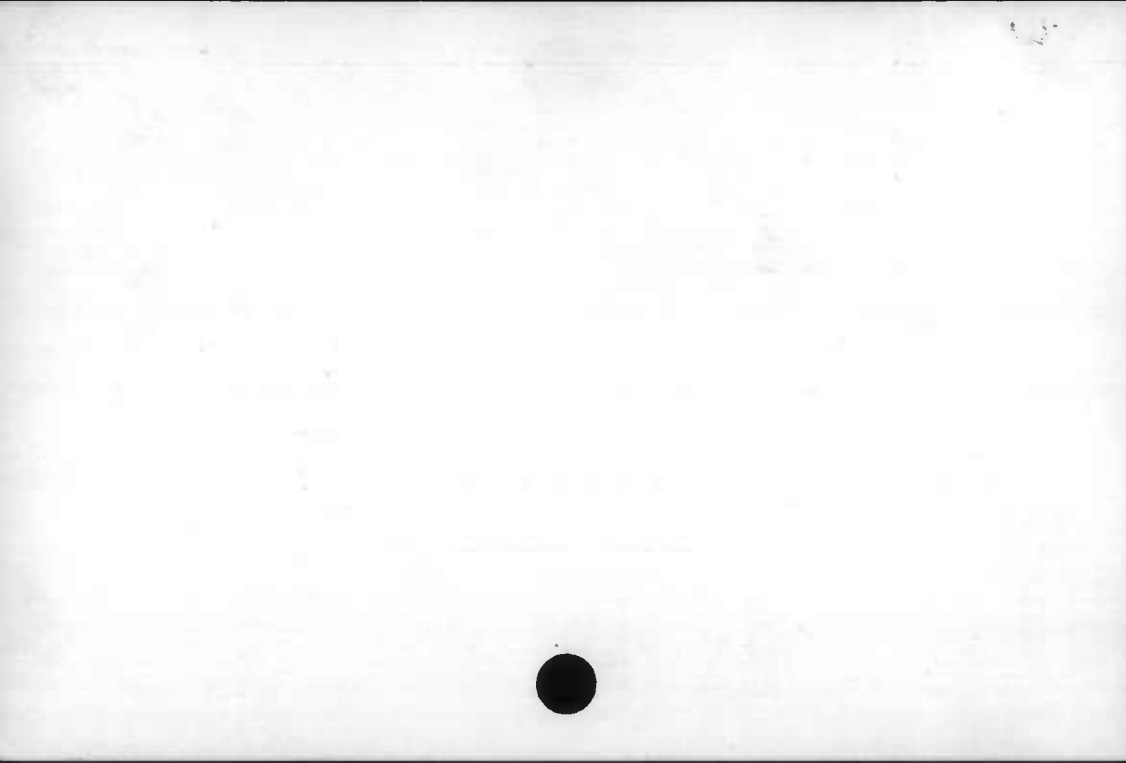
yes

Signature of Physician

Address

E. J. Mason, M.D.
Clearyspring, Md

Accident or Suicide



Name
in
Full

Haynes (Still Birth)

CERTIFICATE OF DEATH

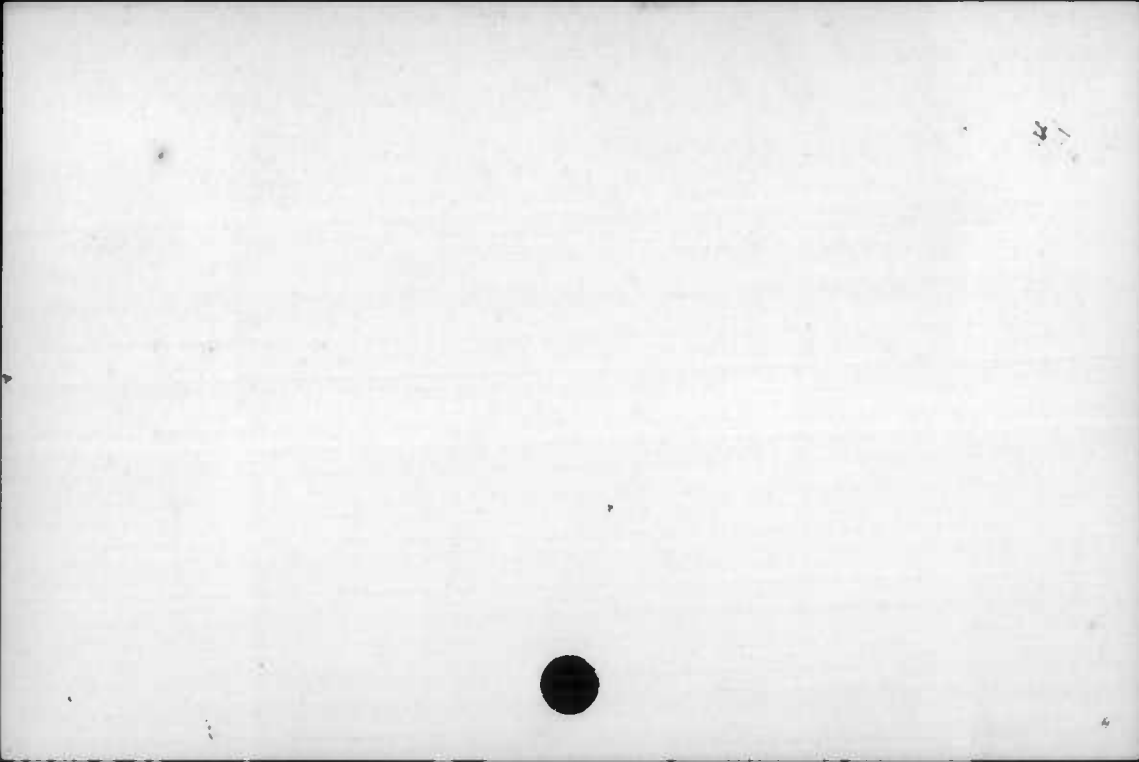
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thurgate</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>8</u>	Day <u>15</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Howard Haynes</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Alberta Long</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Father (Howard Haynes)</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Narrow Pelvis</u>	<u>8</u> ^{How long}
Immediate	<u>Narrow Pelvis</u>	<u>—</u> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. M. Fisher</u>
		Address <u>Thurgate md</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Ernest W House

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Smoketown ^{Town} Washington ^{County} MARYLAND
Date of death 1909 ^{Month} aug ^{Day} 25 ^{Years} Age 22 ^{Months} — ^{Days} —
Sex Male Color or Race white Birth-place Frederick Co Md
Occupation Laborer Where Residing if not at place of death Smoketown
Married, ~~Single~~ Married Name of Wife or Husband Myrtle Powell
Father's Name Charles E House Father's Birthplace Frederick Co
Mother's Maiden Name Katie F Morgan Mother's Birthplace Washington Co
Name of person giving Information Charles E House How related to deceased Father

CAUSES OF DEATH

Primary Syphoid fever 1 ^{How long} 14 days
Immediate Perforation Intest. 12 ^{How long} hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

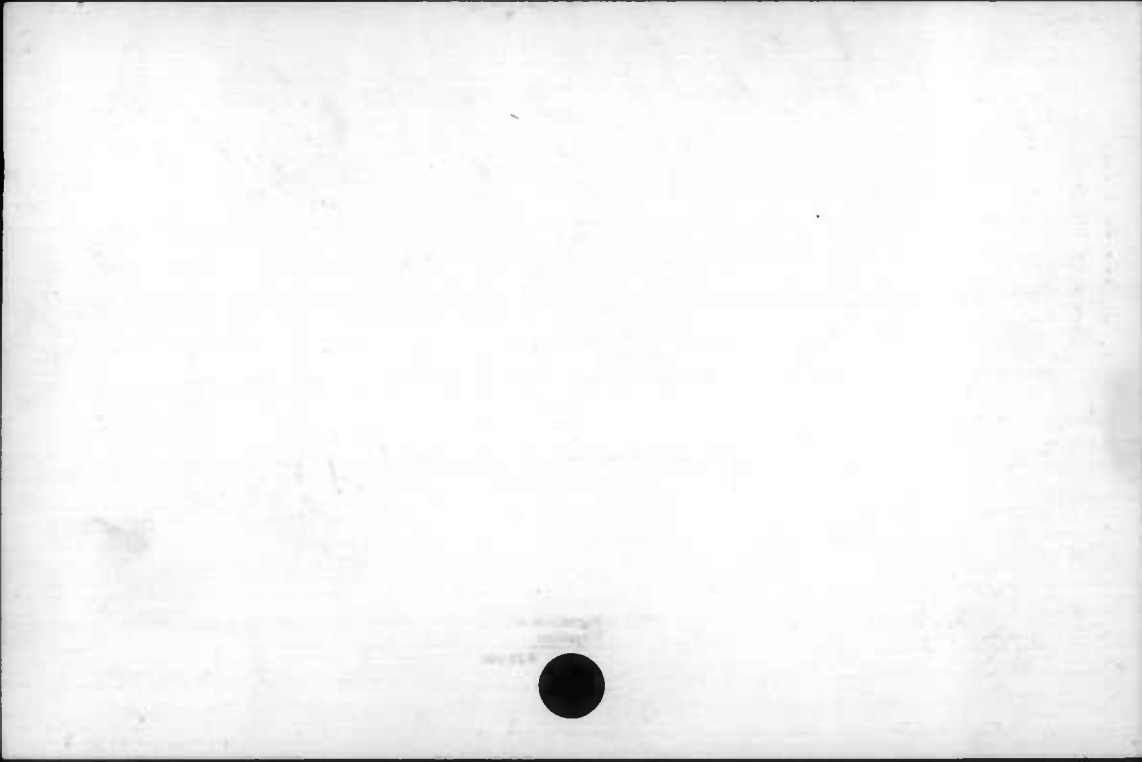
Signature of Physician

Address

S.S. Davis
Burnsboro
Md

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

Anner Howell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pruessberg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aug</i>	Day <i>11</i>	Age	Years <i>11</i> Months <i>2</i> Days <i>2</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>_____</i>		Birth-place	<i>Pruessberg</i>	
Where Residing if not at place of death			<i>_____</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>_____</i>		
Father's Name	<i>Lee Henry Howell</i>			Father's Birthplace	<i>W. Va Jefferson Co</i>
Mother's Maiden Name	<i>Nevia Ketter Jones</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>L. H. Howell</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>		How long	<i>Six hours</i>
Immediate	<i>Exhaustion</i>		How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. Richardson</i>	
			Address <i>Williamspoint Md.</i>	
Accident or Suicide?		<i>No.</i>		

Williamport Md 8-11-109
interred in Riverview
Cemetery By J. F. Neeps.

Undertaker

Name
in
Full

Emma Kate Irving
Town Washington County
Died at smoketown Washington

CERTIFICATE OF DEATH

MARYLAND

Date of death 190 8 Aug 28 Age 30
Month Day Years Months Days

Sex Female Color or Race white Birthplace Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Benjamin Irving

Father's Name Joseph Irving Father's Birthplace Maryland

Mother's Maiden Name Margaret Berle Mother's Birthplace Maryland

Name of person giving Information Joseph Irving How related to deceased Husband

CAUSES OF DEATH

Primary Typhoid Fever How long 18 days

Immediate Exhaustion How long 2 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

S. S. Davis
Brounboro.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Catharine Itryre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Kendysville* Town *Washington* County *MARYLAND*

Date of death 1909 *Aug* Month *17* Day *81* Years *7* Months *10* Days *7*

Sex *Female* Color or Race *White* Birth-place *Brownboro*

Occupation *None* Where Residing if not at place of death *—*

— Single or Widowed Name of Wife or Husband *Samuel Itryre*

Father's Name *Dont-Know* Father's Birthplace *Dont-Know*

Mother's Maiden Name *Dont-Know* Mother's Birthplace *Dont-Know*

Name of person giving Information *Samuel Itryre* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *General Debility* How long *Some years*

Immediate *Weak heart with dropsy - heart failure* How long *Death sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *S. Howell Gardner*

Address *Sharpsburg Md*

Accident or Suicide

• L E Duman & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Hubert Jamison
Antietam Washington

MARYLAND

Died at

Date

of death

1909

Month

Aug

Day

11

Age

Years

5

Months

4

Days

26

Sex

Male

Color or
Race

White

Birth-
place

Antietam, Md

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Clinton H. Jamison

Father's
Birthplace

Antietam, Md

Mother's
Maiden Name

Rosa F. Clipp

Mother's
Birthplace

Near Charlestown, Va

Name of person giving
Information

Clinton H. Jamison

How related
to deceased

Father

CAUSES OF DEATH

72

Primary

Tetanus

How long

about a week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. Howell Gardner
Sharpsburg - Md

Accident or Suicide

PHYSICIAN
OR CORONER

Phas. S. Ward
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1909	Month	Aug	Day	21
Age	27	Years		Months	6
Sex	male	Color or Race	Colored	Birth-place	Silcock Va
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband <i>Margie Fields</i>			
Father's Name	<i>Alfred Louis</i>			Father's Birthplace	<i>Laven & Va</i>
Mother's Maiden Name	<i>Annie Henderson</i>			Mother's Birthplace	<i>Laven & Va</i>
Name of person giving information	<i>Annie Henderson</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Aortic Regurgitation</i>	How long	<i>Several months</i>
Immediate	<i>Loss compensation due physical exertion</i>	How long	<i>Instantaneous death</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. B. Wilson M.D.</i>
	<i>no</i>	Address	<i>243 N. Jonathan St Hagerstown Md.</i>
Accident or Suicide?			

Coffman
Rm 211

A. K. Coffman

Name
in
Full

Alcinda King

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hagerstown

md.

Date of death 1909 Aug

Day

27

Age 81

Months

10

Days

Sex Female

Color or
Race

white

Birth-
place

md.

Occupation

Seamstress

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

daniel King

Father's
Birthplace

md.

Mother's
Maiden Name

Catherine Young

Mother's
Birthplace

Name of person giving
Information

Katherine King

How related
to deceased

sister

CAUSES OF DEATH

Primary

Heart & Semility
Eh accretion

How long

several years

Immediate

How long

several days

Are the name, age, sex, color, date
and place correctly given above?

7x

Signature of
Physician

Address

J. W. Harrison
Hagerstown
Md

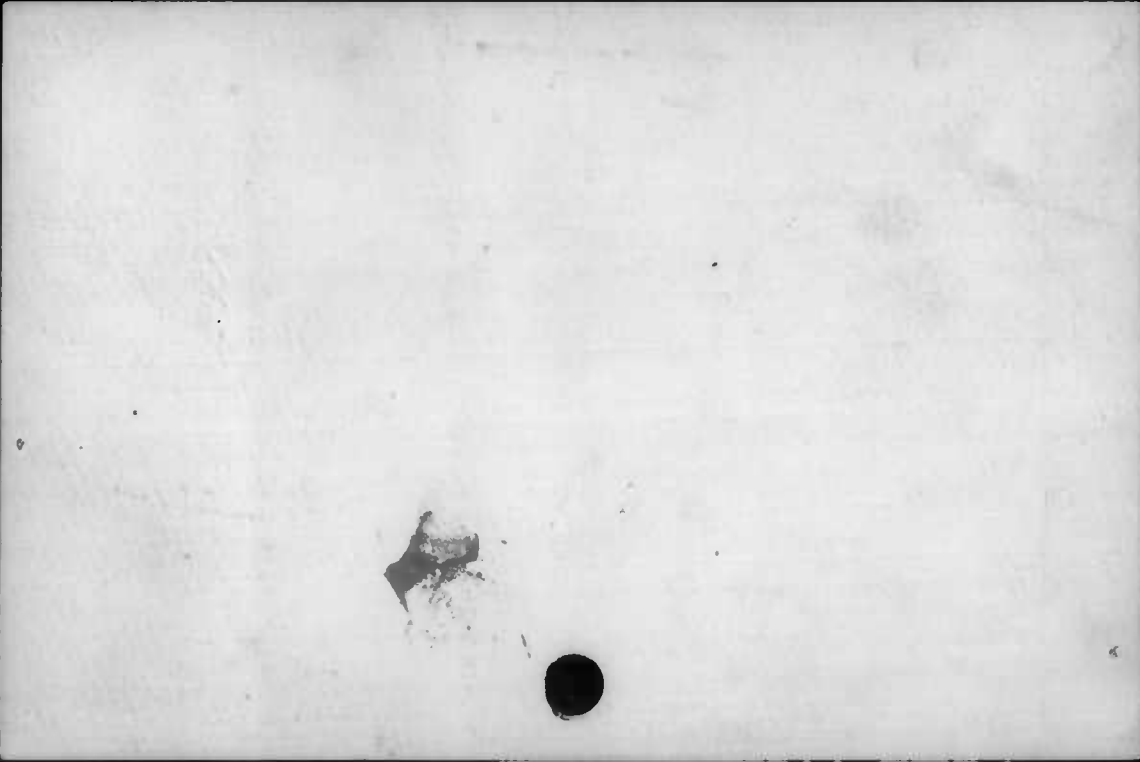
Acute or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L. M. Suter & Sons

Name in Full George H. Kirk		(Washington)		County		CERTIFICATE OF DEATH	
Died at Near Keek Tryste		Town		County		MARYLAND	
Date of death 1909 Aug		Month		Day 2nd		Age 64	
Sex Male		Color or Race white		Birthplace Allegheny Co. Md		Months 2 Days 20	
Occupation Rail Road man		Where Residing if not at place of death Near Keek Tryste					
Married, Single or Widowed married		Name of Wife or Husband Alice V. Kirk					
Father's Name Hughes Kirk		Father's Birthplace Laicester C. Pa					
Mother's Maiden Name Ruth B. Robinson		Mother's Birthplace Allegheny Co. Md					
Name of person giving information A. L. Kirk		How related to deceased son					
CAUSES OF DEATH							
Primary Arterio Sclerosis		How long one year					
Immediate Gastritis		How long Two weeks					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. B. Ransom M.D.					
		Address Harpers Ferry W. Va.					
Accident or Suicide? no							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida Blanche Lambert</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>6</i>		Years <i>38</i>	
Date of death <i>1904</i>		Month <i>8</i>		Day <i>6</i>		Years <i>38</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Days <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Geo. D. Lambert</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ida V. Vancomer</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Geo. D. Lambert</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year or more</i>
Immediate <i>Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. D. Stauffer</i>
	Address <i>Hagerstown, Md</i>
Accident or Suicide <i></i>	

L M Halkins

Name
in
Full

Mary Elizabeth Lizer

CERTIFICATE OF DEATH

Died at ^{Town} Near Hagerstown ^{County} Washington

MARYLAND

Date

of death 1909

Month

8

Day

29

Years

Age 79

Months

11

Days

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Wesley Lizer

Father's
Name

Joseph Lizer

Father's
Birthplace

don't know

Mother's
Maiden Name

don't know

Mother's
Birthplace

" "

Name of person giving
Information

Jacob L. Stine

How related
to deceased

son in law

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

70 days

Immediate

Pneumonia

How long

70 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianDr. R. Miller, M.D.,
Hagerstown, Md.

Address

Accident or Suicida

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Watkins

Hagerstown

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary C. Soy
Town Williamsport

County Wash.

MARYLAND

Died at

Date

of death

1909

Month

Aug

Day

24

Age

74

Months

Days

23

Sex

Female

Color or
Race

White

Birth-
place

Harrisburg Pa.

Occupation

Housekeeper

Where Residing if not
at place of death

Williamsport

Married, Single
or Widowed

Married

Name of Wife or
Husband

William H. Soy.

Father's
Name

George Uty.

Father's
Birthplace

Cumberland Co Pa.

Mother's
Maiden Name

Sarah J. Mullen

Mother's
Birthplace

Chester Co Pa.

Name of person giving
Information

John S. Uty.

How related
to deceased

Brother.

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis
Prostration

How long

Four days

Immediate

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

W. Richardson
Williamsport Md

Accident or Suicide

No.

August 26th 1909
Interred by J. F. Krebs. Undertaken
in Riverview Cemetery.
Williamport. Md.

Name in Full		Still born child of David + Blanche Lucas				CERTIFICATE OF DEATH	
Died at		Hagerstown		Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	22				
Sex		female		Color or Race		white	
Occupation				Birth-place		ms	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		David Lucas		Father's Birthplace		Penna	
Mother's Maiden Name		Blanche Beamer		Mother's Birthplace		Ind.	
Name of person giving Information		David Lucas		How related to deceased		Father	
CAUSES OF DEATH		Still born		(8)		How long	
Primary							
Immediate							
Are the name, age, sex, color, date and place correctly given above?		y/s		Signature of Physician		J. M. Dugan	
Address						Hagerstown	
Accident or Suicide						no	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

C. M. Suter & Sons.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Earl Lytten**

Died at **Douglasville** ^{Town} **Washington** ^{County} **MARYLAND**

Date of death **1909** ^{Month} **aug** ^{Day} **17** ^{Years} **9** ^{Months} **9** ^{Days}

Sex **male** Color or Race **White** Birth-place **Va**

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed **Single** Name of Wife or Husband _____

Father's Name **Thomas Lytten** Father's Birthplace **Va**

Mother's Maiden Name **Bessie Lesley** Mother's Birthplace **Xa**

Name of person giving information **Jonas Lesley** How related to deceased **Grand Father**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Shia-colitis** How long **10 days**

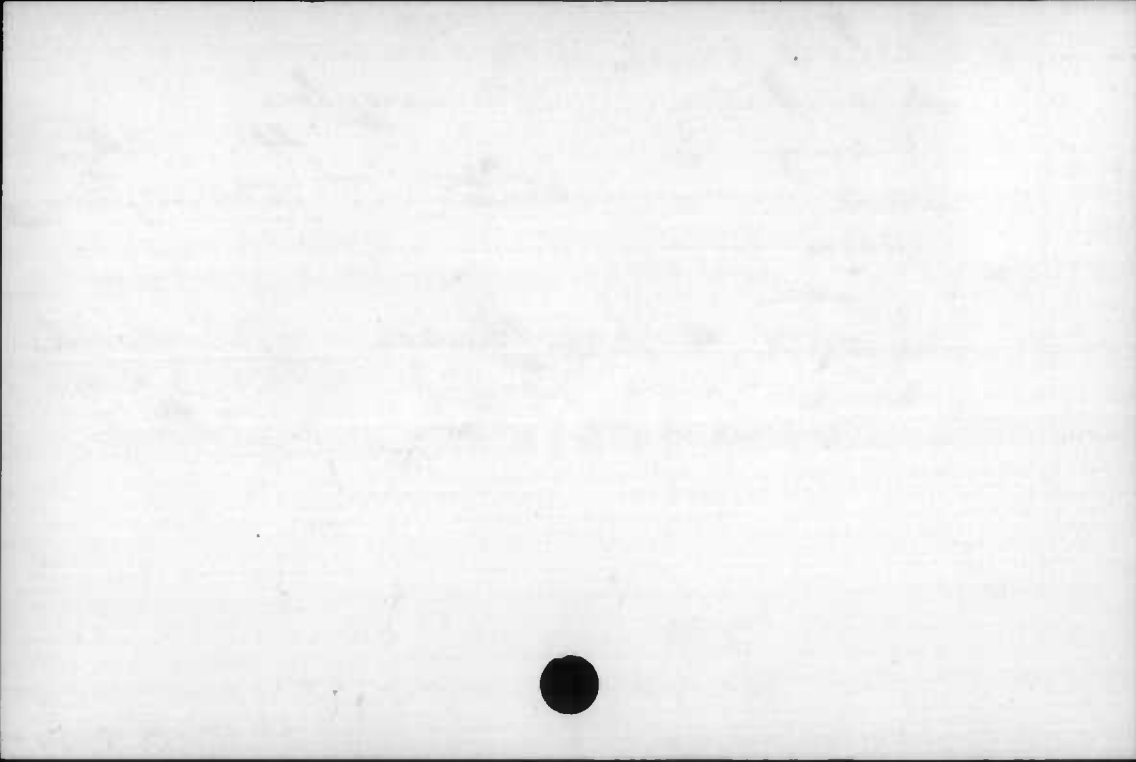
Immediate **Meningitis** How long **3 days**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **W. M. Reichard**

Address **Fair Play.**

Accident or Suicide? **X**



Name
in
Full

Theodore Earl McPherson

CERTIFICATE OF DEATH

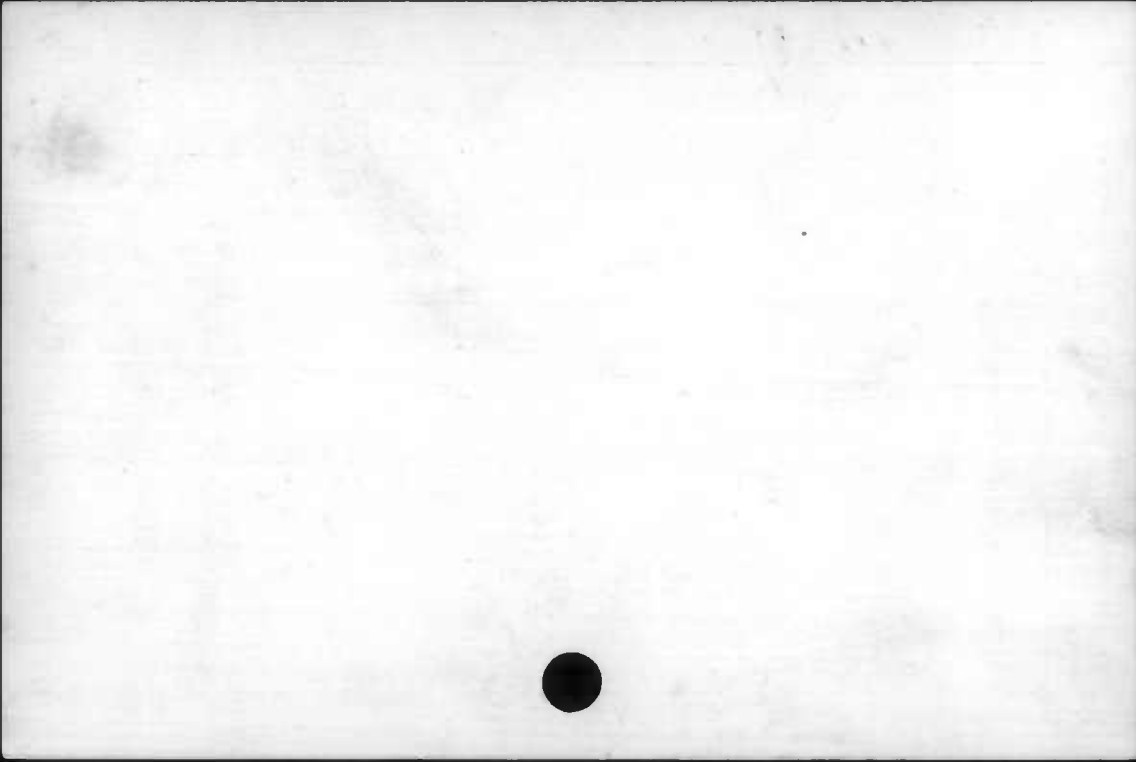
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smoketown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>aug</u> ^{Day} <u>3</u>	Age <u>—</u> ^{Years}	<u>4</u> ^{Months}	<u>22</u> ^{Days}		
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Washington Co Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death _____				
Married, Single <u>single</u>	Name of Wife or Husband _____				
Father's Name <u>Elmer S McPherson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Eliza Jane Stouffer</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Elmer S McPherson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Enteric Colic -</u>	How long <u>105</u> ^{Days}
Immediate <u>Exhaustion</u>	How long <u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. S. Jarvis</u>
	Address <u>Brownstown Md</u>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Still Born child of Charles M. + Dora L. Magaha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND
Date of death 1909 Month 8 Day 20 Age — Years — Months — Days —
Sex female Color or Race white Birth-place Md.
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
Father's Name Charles M. Magaha Father's Birthplace W. Va.
Mother's Maiden Name Dora L. Weibel Mother's Birthplace Md.
Name of person giving information Charles M. Magaha How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long —
Immediate — How long —
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician W. B. Morrison
Address Hagerstown Md.
Accident or Suicide? No

Suter & Son

L. M. Suter and Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Catharine Arrelia Malott,
Town *Williamsport* County *Washington*

MARYLAND

Date

of death

1909 Aug.

Month

Day

10

Age

Years

Months

3.

Days

6

Sex

Female

Color or
Race

White.

Birth-
place

Williamsport.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

E. S. Malott

Father's
Birthplace

Williamsport

Mother's
Maiden Name

Letha Viola Walley

Mother's
Birthplace

Big Spring.

Name of person giving
Information

Letha V. Malott

How related
to deceased

Mother

CAUSES OF DEATH

179

Primary

Malnutrition.

How long

4 days.

Immediate

Asphyxia

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Ernest V. Galtier
Williamsport

PHYSICIAN
OR CORONER

Accident or Suicide

Aug. 11th 1909.

J. F. Reeps. Undertaker
Interment Riverview Cemetery
Williamport Md.

Name
in
Full

Maria E Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Reid</i>		County <i>Washington</i>		State MARYLAND	
Date of death	1909	Month <i>August</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>10</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Reid</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>at home</i>			
Married, Single <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Noah H Martin</i>				Father's Birthplace <i>Franklin Pa</i>			
Mother's Maiden Name <i>Fanny B. Ellerman</i>				Mother's Birthplace <i>Wash Co. Md</i>			
Name of person giving information <i>Noah H Martin</i>				How related to deceased <i>father</i>			

undertaker
A R B Newbaker

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>20 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. C. R. Miller M.D.</i>
	Address <i>Marion Dixon</i> <i>Reid</i>
Accident or Suicide? <i>—</i>	

A. R. Brewbaker

82

Name
in
Full

CERTIFICATE OF DEATH

Mrs Mary Martin

Town

County

MARYLAND

Died at

Maugansville

Wash.

Date

of death

1909

Month

Aug

Day

29

Age

Years

72

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Penn

Occupation

H. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of ~~Wife~~
Husband

Michael Martin

Father's
Name

Jacob Hege

Father's
Birthplace

Penn.

Mother's
Maiden Name

Mary Swartz

Mother's
Birthplace

"

Name of person giving
information

Amos Martin

How related
to deceased

son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

64

3 days

Immediate

Paralysis

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

D. C. R. Miller

State Line
Pa.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

C. M. Suter & Sons.

Reiff

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Victor Guy Martin* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death 190 *9* Month *8* Day *1* Age *20* Months *2* Days *9*

Sex *Male* Color or Race *White* Birth-place *Id*

Occupation *laborer* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *W. G. Martens* Father's Birthplace *Id*

Mother's Maiden Name *Anna M. Hart* Mother's Birthplace *Id*

Name of person giving Information *W. G. Martin* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Trolley Car Accident* How long *6 hrs.*

Immediate *Cerebral concussion & shock* How long *6 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *J. P. Laughlin* Address *Hagerstown,*

Accident or Suicide

L M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamstown</i> ^{Town} <i>Williamstown</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>5</i> Years <i>11</i> Months <i>11</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wmstown</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>		
Father's Name <i>John Kelly Martin</i>	Father's Birthplace <i>L. Hartman</i>		
Mother's Maiden Name <i>Effie Grace Shupp</i>	Mother's Birthplace <i>Wmstown</i>		
Name of person giving information <i>J. W. Martin</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>48 hours</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest H. Baughman</i>
	Address <i>Williamstown</i>
Accident or Suicide? <i>_____</i>	

August 20th 1909

Interred by J. H. Kreps. Undertaker
in Riverview Cemetery
Williamport Md.

Name
in
Full

Still Born Infant.

Messer

CERTIFICATE OF DEATH

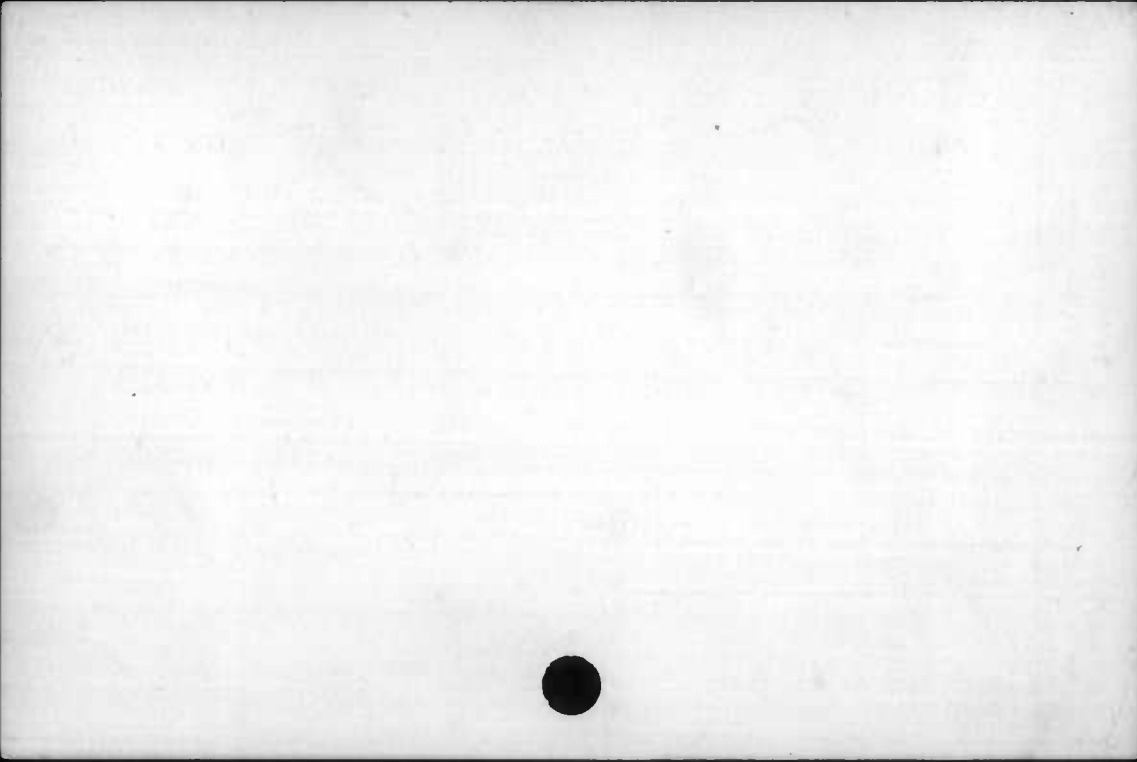
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Hancock</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1909	Month	August	Day	24
Age	Years		Months	Days	
Sex	<u>male</u>		Color or Race	<u>white</u>	
Birth-place	<u>Hancock</u>				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>Joe Messer</u>			Father's Birthplace	<u>Ta.</u>
Mother's Maiden Name	<u>Mellie Smith</u>			Mother's Birthplace	<u>Wash Co</u>
Name of person giving information	<u>Joe Messer</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Asphyxia Neonatorum</u>	How long	<u>8</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>Hancock</u>
Accident or Suicide?	<u>No</u>		<u>Med</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lathie May Miller* Town *Hagerstown* County *Washington* MARYLAND

Disd at *Hagerstown* *Washington*

Date of death 1909 Month *8* Day *26* Age *16* Years Months *11* Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Mill Work* Where Residing if not at place of death _____

Marriad, Single or Widowed *Single* Name of Wifa or Husband _____

Father's Nama *Robert H. Miller* Father's Birthplace *MD*

Mothar's Maiden Nama *Mary E. Gear* Mothar's Birthplace *MD*

Name of person giving Information *John H. Miller* How related to deceased *Father*

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary *Rheumatism* How long *6 years*

Immediate *Heart Failure* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. L. Warrick*

Address *16 Harrison*

Accident or Suicide *MD*

L. M. Watkins

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washington</u>		County <u>Washington</u>		State <u>MARYLAND</u>	
Date of death 190 <u>9</u>	Month <u>8</u>	Day <u>15</u>	Age <u>75</u>	Months <u>4</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Id</u>		
Occupation <u>H.W.</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martin Miller</u>				
Father's Name <u>J. Hanson Flook</u>	Father's Birthplace <u>Id</u>				
Mother's Maiden Name <u>Elizabeth Kefanner</u>	Mother's Birthplace <u>Id</u>				
Name of person giving Information <u>Harry Miller</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

104

X

PHYSICIAN
OR CORONER

Primary <u>Chronic gastritis</u>	How long <u>one year</u>
Immediate <u>Exhaustion</u>	How long <u>several hours</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. Ragan</u>
	Address <u>Washington Id</u>
Accident or Suicidal <u>No</u>	

L. M. Hattenis

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Edith E. Moore.
 Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown* *Wash.*

Date of death 190 *9* Month *Aug* Day *3* Age *48* Years Months Days

Sex *female* Color or Race *white* Birth-place *Va.*

Occupation *H. W.* Where Residing if not at place of death *Martinsburg W. Va*

Married, Single or Widowed *widow* Name of ~~Wife~~ Husband *James D. Moore*

Father's Name *John W. Neer* Father's Birthplace *Va.*

Mother's Maiden Name *Harriett Butler* Mother's Birthplace *Va.*

Name of person giving Information *James D. Moore Jr.* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *50* *12 mo*

Immediate *Diabetes Coma* How long *16 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. G. G. G. G. G.* Address *231 1st St Martinsburg, W. Va*

Accident or Suicide

C. M. Luterodome
Martinsburg.

Name
in
Full

Vergie Ruth Ann Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cascade		County Wash.		MARYLAND	
Date of death 1907		Month Aug		Day 23		Age 20	
Sex Female		Color or Race White		Birth-place Maryland		Months 1	
Occupation Housekeeper		Where Residing if not at place of death Cascade		Years 20		Days 25	
Married, Single or Widowed Married		Name of Wife or Husband Roy H. Moore		Father's Name Randolph Stant		Father's Birthplace Md.	
Mother's Maiden Name Susan E Fox		Mother's Birthplace Md		How related to deceased Husband			
Name of person giving Information Roy H Moore							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever		How long Six weeks	
Immediate Intestinal perforation 2 days		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Henry B. Hammond	
		Address Blue Ridge Summit Washington Co Md	
Accident or Suicide			



Name
in
Full

Maliuda Nurse

CERTIFICATE OF DEATH

Died at ^{town} Sharpsburg ^{County} Washington MARYLANDDate of death 1909 ^{Month} Aug ^{Day} 28 ^{Years} Age 86 ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} near Liberty, Mont Co. MdOccupation Housewife ^{Where Residing if not at place of death}~~Married, Single~~ Married ^{Name of} ~~Widowed~~ George Nurse, Dec'd ^{Husband}Father's Name Henry Thomas ^{Father's Birthplace} UnknownMother's Maiden Name Mahala Jenkins ^{Mother's Birthplace} UnknownName of person giving Information George W. Beecher ^{How related to deceased} Grand son

CAUSES OF DEATH

Primary General debility manifest to old age

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. W. Emmett,
Sharpsburg, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. S. Wade
undertaken

Name
in
Full

CERTIFICATE OF DEATH

Alice M. Pennel

Town

County

Died at

Sharpsburg

Washington

MARYLAND

Date

of death

1909

Month

Aug

Day

9

Age

Years

63

Months

1

Days

Sex

Female

Color or
Race

White

Birth-
place

Bonstons, Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of
Husband

~~Widow~~

Isaac Pennel Dec'd

Father's
Name

Michel Nyman

Father's
Birthplace

Bonstons, Md

Mother's
Maiden Name

Elizabeth Christian

Mother's
Birthplace

near Bonstons, Md

Name of person giving
Information

Luther P. Wallick

How related
to deceased

Nephew by Marriage

CAUSES OF DEATH

Primary

Valvular Heart Disease

How long

Years

Immediate

Hemiplegia

How long

About 3 weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

E. H. Earnott,
Sharpsburg, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chas. S. Wade
undertaker

Name
in
Full

David W. Penner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} Hagers town ^{County} Wash. MARYLAND

Date of death 1909 ^{Month} Aug. ^{Day} 17 Age ^{Years} 48 ^{Months} — ^{Days} 16

Sex male Color or Race white Birth-place Md.

Occupation R.R. Flagman Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife Mrs Mary Penner

Father's Name Washington Penner Father's Birthplace Md.

Mother's Maiden Name Josephine Spessard Mother's Birthplace Md.

Name of person giving Information Mrs Mary Penner How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary R.R. Accident How long 166

Immediate Shock How long 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. C. Mead Address Hagerstown.

Accident or Suicide

C. M. Suter and Sons.

Name
in
Full

Mary Ellen Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1909	Month	Aug	Day	13	Age	Years 80
Sex	Female	Color or Race	white	Birth-place	Washington Co.		
Occupation	None			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Dont Cunningham			Father's Birthplace	Virginia		
Mother's Maiden Name	Missiah Reapschauer			Mother's Birthplace	Germany		
Name of person giving information	Amelia Kefauver			How related to deceased	not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asthma - Senility</i>		(154)	How long	<i>10 yrs</i>
Immediate	<i>Exhaustion</i>			How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. M. Wertz</i>	
			Address	<i>Hagerstown</i>	
Accident or Suicide?					

Brining & Bast

Name
in
Full

Lillian Redman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aug</i>	Day <i>20</i>	Years <i>21</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Williamsport</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Peter Redman</i>			Father's Birthplace <i>Centerville Va</i>		
Mother's Maiden Name <i>Sarah E. Diabe</i>			Mother's Birthplace <i>Williamsport</i>		
Name of person giving information <i>P. Redman</i>			How related to deceased <i>Father</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <i>Phthisis pulmonary tuberculosis</i>	How long <i>27</i> <i>X</i>
<i>Lillian Redman</i>	<i>one year</i>
Immediate <i>Exp. heart failure</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamsport Md</i>
Accident or Suicide? <i>No.</i>	

August 23rd 1904
interred by J. H. Kreps. Undertaker
in Riverview Cemetery
Williamport Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Howard Wm. Rinehart
Hagerstown Washington

MARYLAND

Date

of death

1909 8 17 Age 1 Months 3 Days 29

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm. Scott Rinehart

Father's
Birthplace

Md

Mother's
Maiden Name

Mary M. Summers

Mother's
Birthplace

"

Name of person giving
Information

Wm. Scott Rinehart

How related
to deceased

Father

CAUSES OF DEATH

Primary

acute lues bolitis

How long

105 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Blara S. Bailey.
Hagerstown Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Coffman
Wagoner

A. K. Coffman

Name
in
Full

Samuel f Rohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Irago Town		Washington County		MARYLAND	
Date of death	1909	Month	8	Day	21
Age	34	Years	4	Months	18
Sex	Male	Color or Race	White	Birth-place	Irago
Occupation	Telegraph Operator Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Virginia E Rohrer				
Father's Name	Daniel A Rohrer			Father's Birthplace	Irago
Mother's Maiden Name	Violetta A Qualer			Mother's Birthplace	Rohrer'sville
Name of person giving Information	Daniel A Rohrer			How related to deceased	Father

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	C. H. Baker.
Address	
Accident or Suicide	

H E Suman & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1909

Month

8

Day

12

Age

Years

Months

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Frankston

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Shedrick Rudisill

Father's
Birthplace

Smithsburg

Mother's
Maiden Name

Gloria Myers

Mother's
Birthplace

Smithsburg

Name of person giving
Information

Shedrick Rudisill

How related
to deceased

Father

CAUSES OF DEATH

Primary

Permatone
Extraction

How long

151

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

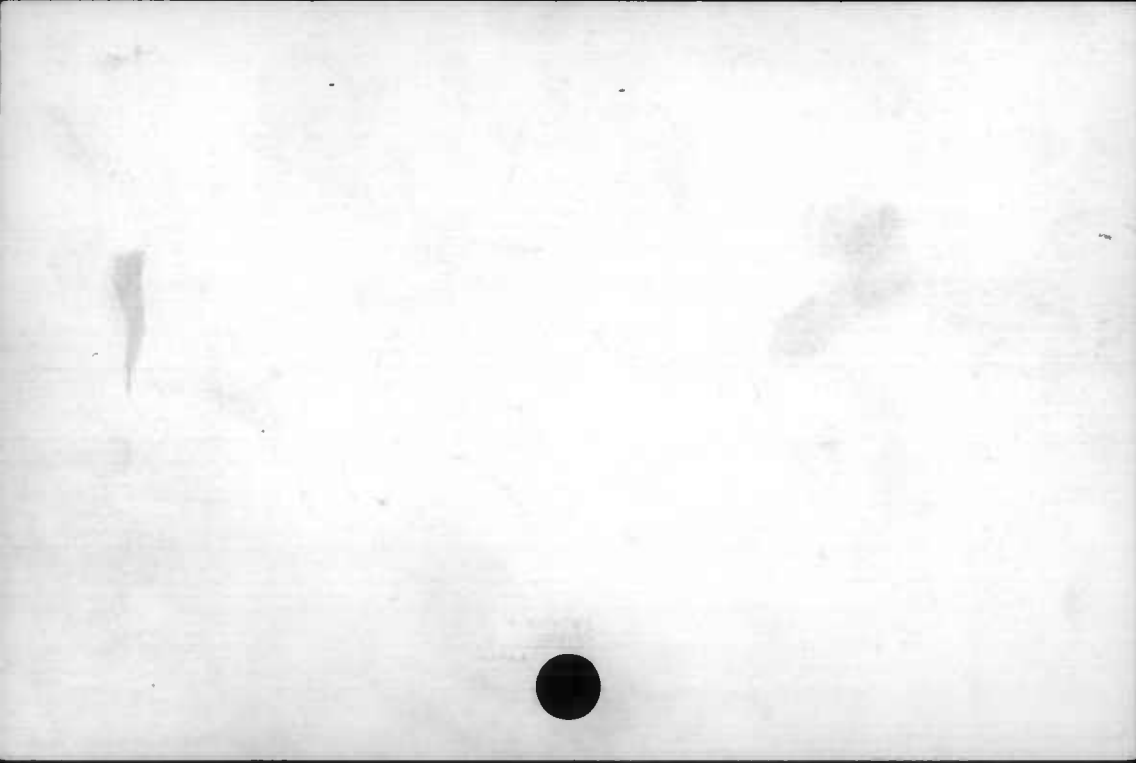
Signature of
Physician

E. J. Vanaman
Hagerstown

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Roy Earl Schildt		Town Edge Mount		County Wash.		State MARYLAND	
Died at Edge Mount		Month Aug		Day 14		Years 6	
Date of death 1909		Month Aug		Day 14		Years 6	
Sex Male		Color or Race White		Birthplace Edge Mount		Months 21	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Walter C Schildt				Father's Birthplace Salisbury			
Mother's Maiden Name Leah Snyder				Mother's Birthplace Greencastle			
Name of person giving Information Walter C Schildt				How related to deceased mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Iller Colitis	How long 2 days
Immediate none	How long ✓
Are the name, age, sex, color, data and place correctly given above? Yes	Signature of Physician A. B. Sollenberger
	Address Waynesboro Pa
Accident or Suicide	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

George & William Schamel
Died at New Hope Washington MARYLAND
Date of death 190 9 Aug 23 Age — 16 26
Sex Male Color or Race White Birth-place Ind
Occupation Child Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Robert P Schamel Father's Birthplace Ind
Mother's Maiden Name Mayd Adams Mother's Birthplace Ind
Name of person giving Information George & Robt P Schamel How related to deceased Father

CAUSES OF DEATH

Primary Gastro-Enteric Auto-intoxication How long Four days
Immediate Exhaustion How long Two hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Daniel G. Watkins
Hagerstown Ind.

Accident or Suicide

Mr. Sofman

Coffee
Rice

Name
in
Full

Caroline Shipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prophetstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>76</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>House-work</i>		Where Residing if not at place of death <i>C</i>			
Married, Single or Widow <i>Widow</i>	Name of Wife or Husband <i>Jacob Shipp</i>				
Father's Name <i>John Kelly</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Annie Dignon</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving Information <i>Mrs S A Sprankle</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Endocarditis -</i>	How long <i>5-6 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. B. R. Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide <i>No</i>	

Prood Fording

A. K. Coffman

Name
in
Full

Walter Short Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highfield ^{County} Washington MARYLAND

Date of death 1909 ^{Month} August ^{Day} 11 ^{Year} — ^{Months} 4 ^{Days} —

Sex Male Color or Race White Birth-place Baltimore

Occupation — Where Residing if not at place of death Baltimore

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Walter Short Father's Birthplace Unknown

Mother's Maiden Name — Mother's Birthplace Unknown

Name of person giving Information Hosp. for Crippled Children How related to deceased —

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

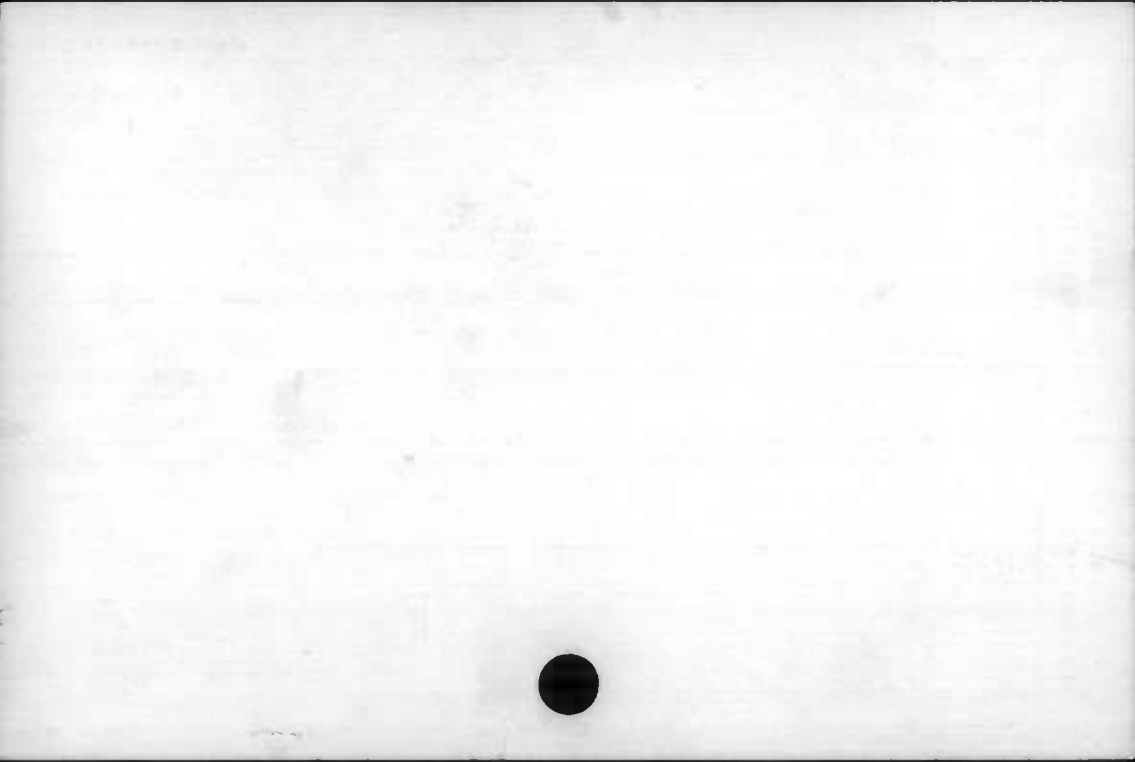
Primary Ileo-Colitis How long 4 weeks.

Immediate As the cause How long —

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician R. J. Taylor

Address Blue Ridge Summit Pa.

Accident or Suicide —



Name
in
Full

Samuel Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad ^{Town} *near Hagerstown* ^{County} *Wash.* ^{MARYLAND}

Date of death 190 ^{Month} *9* ^{Day} *aug* ^{Year} *14* Age ^{Months} *5* ^{Days} *2*

Sex *male* Color or Race *white* Birth-place *Ireland.*

Occupation *Plumber* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *Sarah Simpson*

Father's Name *David Simpson* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary ~~to maiden name~~ Simpson* Mother's Birthplace *—*

Name of person giving Information *Fanny Simpson* How related to deceased *daughter*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* 27 How long *6 mos*

Immediate *Exhaustion* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Wentz
Hagerstown - Md

Accident or Suicide

PHYSICIAN
OR CORONER

Chas Suter Sons
Northampton Mass.

Name
in
Full

William H. Spielman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belleve</i>		Town		County		Wash		MARYLAND	
Date of death 1909		Month 8		Day 1		Age 57		Months 10	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>					
Occupation <i>Had none</i>		None		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband							
Father's Name <i>Wiram W. Spielman</i>		Father's Birthplace <i>md.</i>							
Mother's Maiden Name <i>Mary Rose</i>		Mother's Birthplace <i>"</i>							
Name of person giving Information <i>David H. Spielman</i>		How related to deceased <i>brother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Same years</i>
Immediate <i>E +haustem</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. W. Wark</i>
	Address <i>10 Bay View</i>
Accident or Suicide	

C. M. Suter Land

Name in Full		George W. Sprecher				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND		
		at		Hagerstown		Washington				
		Date of death		1909	Month	Aug	Day	31	Age	76
								Months	—	
								Years	—	
		Sex	Male		Color or Race	White		Birth-place	Md	
		Occupation	Retired Carpenter				Where Residing if not at place of death			
		Married, Single or Widowed	Widow		Name of Wife or Husband		Susan Sprecher			
		Father's Name	Jacob Sprecher				Father's Birthplace	Md		
		Mother's Maiden Name	Margaret Miller				Mother's Birthplace	Md		
		Name of person giving information	Harvey Sprecher				How related to deceased	Son		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary	Senile degeneration				How long	One year		
		Immediate	Asthma				How long	3 months		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. N. H. Hatcher		
						Address		Millersport		
		Accident or Suicide?								

154

Coffman
St Pauls
A.K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John William Staley*
 Died at *Clear Spring* Town *Washington* County
 Date of death *1909* Month *8* Day *29* Age *19* Years Months Days
 Sex *Male* Color or Race *white* Birth-place *Clear Spring*
 Occupation *Farmer* Where Residing if not at place of death *Clear Spring*

Married, Single
or WidowedName of Wife or
HusbandFather's Name *John W. Staley*Father's Birthplace *Maryland*Mother's Maiden Name *Eliza Bloom*Mother's Birthplace *Pa.*Name of person giving
In formation *Eliza Bloom Staley*How related
to deceased *Mother*

CAUSES OF DEATH

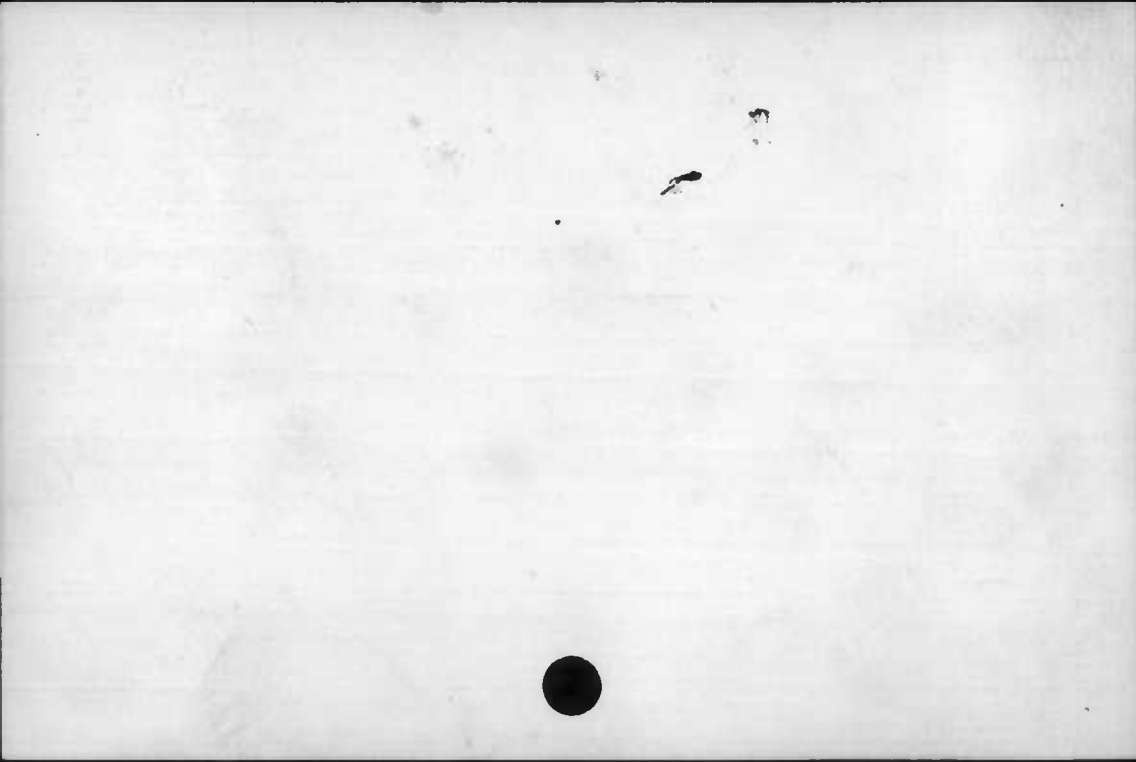
178

PHYSICIAN
OR CORONERPrimary *Heart failure*How long *Indefinite, found dead*Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of
Physician

Address

Theo. Poose
Clear Spring Md

Accident or Suicide?



Name
in
Full

Robert Bell Stratton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Gaillard ^{County} Washington **MARYLAND**

Date of death ^{Month} 1909 Aug ^{Day} 8 ^{Years} Age one ^{Months} 3 ^{Days} 11

Sex Male Color or Race white Birth-place Wash. D.C.

Occupation None Where Residing if not at place of death Wash. D.C.

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Frank C Stratton Father's Birthplace Kansas

Mother's Maiden Name Edna May Bell Mother's Birthplace Wash. D.C.

Name of person giving Information Frank C. Stratton How related to deceased Father

CAUSES OF DEATH

122

PHYSICIAN
OR CORONER

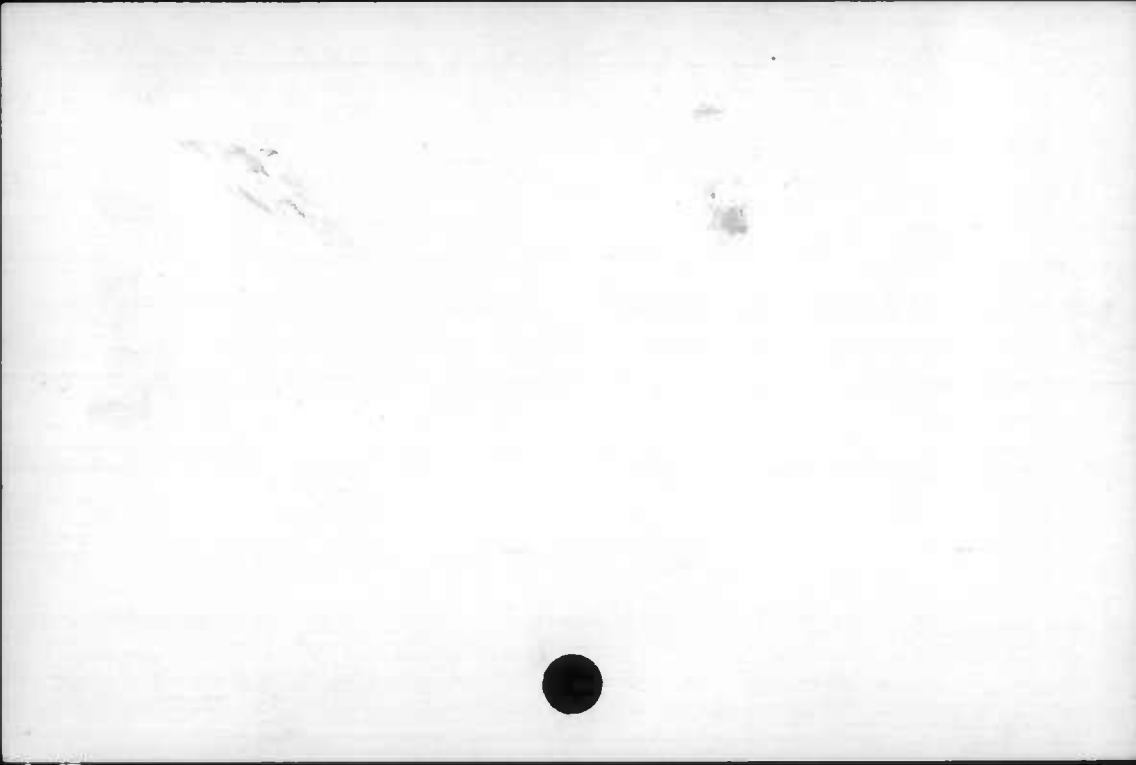
Primary Ileo-Colitis + Renal Calculi How long Ten days

Immediate Uræmic Coma How long Two days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician A L Blessing M.D.

Address Brownsville Md.

Accident or Suicide No



Name
in
Full

Mrs Elizabeth Tracy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Blue Mountain House* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Aug* ^{Day} *4* ^{Years} *56* ^{Months} *3* ^{Days} *15*

Sex *Female* Color or Race *White* Birth-place *Penna*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Washington Tracy*

Father's Name *Ges Ruth* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Washington Tracy* How related to deceased *Husband*

CAUSES OF DEATH

79

Primary *Cardiac Insufficiency* How long *Several years*

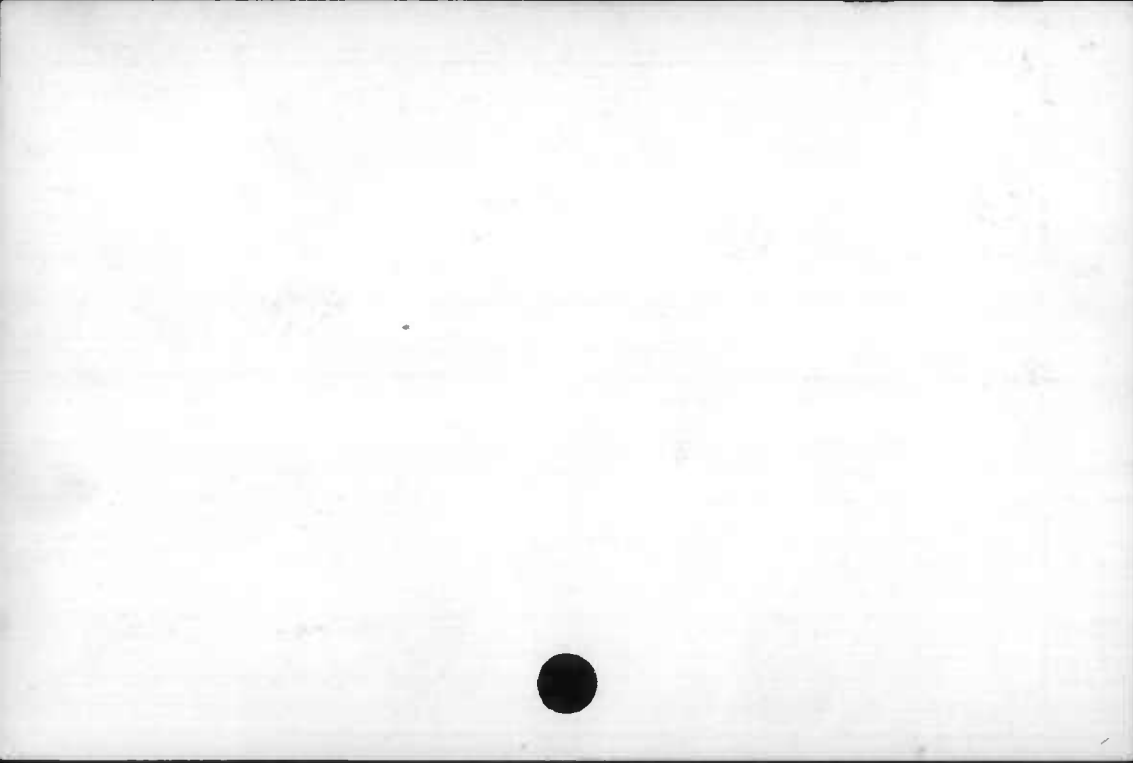
Immediate *" " & Dropsy* How long *About a year*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr Joseph Prothman*

Address *Smithsburg Maryland*

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Pauline Augustus Warner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Williamsport.		County Washington		MARYLAND	
	Date of death	1909	Month Aug	Day 3	Age	Years	Months 2
	Sex	Female		Color or Race Colored		Birth-place Williamsport.	
	Occupation	_____			Where Residing if not at place of death _____		
	Married, Single or Widowed	Single		Name of Wife or Husband _____			
	Father's Name	Charles Warner				Father's Birthplace New York	
	Mother's Maiden Name	Mary Peters				Mother's Birthplace Williamsport.	
PHYSICIAN OR CORONER	Name of person giving information	Sophia Clemens				How related to deceased Mother	
	CAUSES OF DEATH						<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 2 </div>
	Primary	Still born					
	Immediate	Still born					How long _____
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician W. Richardson		
					Address Williamsport		
	Accident or Suicide?		No.				

Williamport Md. Aug 3rd 1909.
Interment in Riverside Cemetery
Augth 4th By J. F. Keps, Undertaker

Name
in
Full

Charles M. Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		aug.	5	Age	60	7	7
Sex	male		Color or Race	white		Birth-place	W. Va.
Occupation	Grocer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife	Benzie Watson			
Father's Name	Ephriam Watson			Father's Birthplace	W. Va.		
Mother's Maiden Name	Salina Lock			Mother's Birthplace	Virginia		
Name of person giving Information	Earl Watson						

CAUSES OF DEATH

Primary *Typhoid Fever*
Immediate *Cardiac failure*

How long *4 weeks*
How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. P. Scott
Hagerstown

PHYSICIAN
OR CORONER

Accident or Suicide

C.M. Interiors

Name
in
Full

Horace W. Weast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at *Hagerstown* Town *Wash* County
Date of death 190 *9* Month *Aug* Day *10* Age *58* Years Months *3* Days *26*
Sex *male* Color or Race *white* Birth-place *Ind.*
Occupation *Real Estate Agent* Where Residing if not at place of death *Chicago, Ills.*
Married, Single or Widowed *married* Name of Wife or Husband *Laura Weast*
Father's Name *Samuel Weast* Father's Birthplace *Ind.*
Mother's Maiden Name *Susan Horine* Mother's Birthplace *" "*
Name of person giving Information *Mrs Susan Simms* How related to deceased *sister*

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary *myelitis*
Immediate *—*
How long *several months*
How long *several months*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas D Boyle
Hagerstown Ind.

Accident or Suicide *—*

G. M. Suter & Son
Boonshoro

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Clayton Wilcher</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>11</i>		Years <i>—</i>	
Date of death <i>1909</i>		Month <i>8</i>		Day <i>11</i>		Months <i>—</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>5 hours</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>A B Wilcher</i>		Father's Birthplace <i>Wa</i>					
Mother's Maiden Name <i>Natalia Horine</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>A B Wilcher</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage of Cord</i>		How long <i>Fifteen min.</i>	
Immediate <i>Exhaustion</i>		How long <i>Two hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Clara J. Easley</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide			

A.K. CDD man.

~~James~~ Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

blayton Horine Wilcher
Died at ^{Town} Hagerstown ^{County} Washington MARYLAND
Date of death 1909 ^{Month} Aug ^{Day} 31 Age ^{Years} — ^{Months} — ^{Days} 21
Sex male Color or Race white Birth-place Md
Occupation child Where Residing if not at place of death —
Married, Single or Widowed single Name of Wife or Husband —
Father's Name B. B. Wilcher Father's Birthplace Wa
Mother's Maiden Name Valeria Horine Mother's Birthplace Md
Name of person giving Information B. B. Wilcher How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary cholera infantum How long 5 days
Immediate Exhaustion How long 1 day
Are the name, age, sex, color, date and place correctly given above? Signature of Physician A. P. Stuffer
Address Hagerstown Md
Accident or Suicide

W. K. Coffman

Coffman
Box 1111

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha A Wiles</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>6</i>		Year <i>1909</i>	
Date of death <i>1909</i>		Age <i>60</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Had none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John H Wiles</i>					
Father's Name <i>Samuel Moser</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary A. Moser</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Helen W. Wiles</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>One yr</i>
Immediate <i>Exhaustion</i>	How long <i>8 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. M. W. W. W.</i>
	Address <i>Hagerstown</i>
Accident or Suicide <i>—</i>	

S. M. Watkins.

Name in Full		Eli' Yountee				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brownsville</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND		
		Date of death <i>1909</i>	<i>8</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>75</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>19</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Brownsville</i>		
		Occupation <i>Minister</i>		Where Residing if not at place of death <i>-----</i>				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Susan A. Long</i>				
		Father's Name <i>George W. Yountee</i>		Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Marr</i>		Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Ressie Y. Fehrmey</i>		How related to deceased <i>Daughter</i>						
		CAUSES OF DEATH <input checked="" type="checkbox"/>		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">104</div> X				
PHYSICIAN OR CORONER		Primary <i>Cutank of Stomach</i>		How long <i>For years</i>				
		Immediate <i>Inaudition</i>		How long <i>3 Weeks</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Yountee</i>				
				Address <i>Brownsville, Md.</i>				
		Accident or Suicide?						

